Medicaid Claims Workload and Processing Times Report

May 1981

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INTRODUCTION

The Medicaid Claims Workload and Processing Times Report is published monthly by the Bureau of Program Operations, Division of Reports and Analysis. This report is designed to provide current information on workloads as well as timeliness of claims processing activities as reported by State agencies on the HCFA-120 (Monthly Statistical Report on Medical Care - Part IV).

It is intended that the information in this report be used to identify individual State trends as well as problem areas toward which program monitoring activities should be directed in order to improve the timeliness of claims processing by the States. However, the information in this report cannot be used to determine the State's compliance with respect to the standards spelled out in the timely claims payment regulation (42 CFR 447.45). This regulation added new Medicaid State plan requirements for timely processing of claims from practitioners who are in individual or group practice or who practice in shared health facilities.

As part of the requirements of this regulation, Medicaid agencies must pay certain percentages of "clean" claims within specific time periods measured from date of receipt. The regulation gives the States the option of defining a claim as (1) a bill for services, (2) a line item of service or (3) all services for one recipient within a bill. "Clean" claims are those claims that can be processed without obtaining additional information from the provider of services or from a third party.

In contrast to the above, the information shown in this report is based on the following criteria:

(1) Common definition of a claim for each type of service category,

(2) claims processing time for State agencies determined using adjudication date instead of payment date, and

(3) inclusion of all paid claims and not just "clean" paid claims.

Therefore, because of these dissimilarities the information contained in this report cannot be used to determine adherence to the timely claims payment regulation.

Division of Reports and Analysis
December 1981

Included in this report are Tables 1 and 2 displaying the following data on claims paid under the Medicaid Program by type of service:

Number of Claims

Percent Distribution of Claims by Type

Average Days from Date of Service to Date of Receipt

Average Days from Date of Receipt to Date of Adjudication

Average Days from Date of Service to Date of Adjudication

Percent of Claims Requiring 30, 90, 180, and 365 Days or Less from Date of Service to Date of Receipt

Percent of Claims Requiring 30, 60, and 90 Days or Less from Date of Receipt to Date of Adjudication

At the end of the report is an Appendix providing definitions for claims and categories of services along with explanations of table headings for Tables 1 and 2. Comments and questions regarding the content and format of this report should be directed to: Health Care Financing Administration, Office of Standards and Performance Evaluation, Division of Reports and Analysis, Room 1445 Meadows East Building, 6325 Security Boulevard, Baltimore, Maryland 21207, (301) 594-3847.

TECHNICAL NOTES

In analyzing the national data as shown in Tables 1 and 2, it should be noted that only 31 States and territories are included in the national summary for May 1981 due to the failure of the remaining States to submit accurate or timely reports. Listed below are those States and territories not represented in Tables 1 and 2 for May 1981 for the reason indicated.

Report 1/ Not Submitted or Submitted Untimely

REGION I
Connecticut
Rhode Island

REGION II
New York

REGION III
Delaware
Maryland

REGION IV
South Carolina

REGION V
Indiana
Michigan
Minnesota

REGION VI
Louisiana
New Mexico

REGION VIII
Wyoming

REGION IX
Guam
N. Mariana Islands

REGION X
Alaska
Oregon

Report 1/ Submitted Substantially Incomplete or With Invalid Data

REGION I
Massachusetts

REGION III
District of Columbia
Pennsylvania
West Virginia

REGION IV
Kentucky

REGION V
Illinois

REGION VI
Oklahoma

No Medicaid Program

REGION IX
Arizona

1/ Part IV of HCFA-120.

In several instances one or more lines are omitted from the tables for a particular State because the data were unavailable, incomplete, or inconsistent. For this reason, the totals on line 1 of Table 1 may not be the sum of lines 2-23 for any particular State or national total. Where a State shows no claims for a particular type of service, dashes will appear in the average days rather than blanks. In addition, in many cases the average for date of service to date adjudicated, although shown, is not equal to the sum of the average for date of service to date received plus the average for date received to date adjudicated. This problem has been brought to the attention of the States and remedial action is being taken.

MEDICAID CLAIMS WORKLOAD AND PROCESSING TIMES REPORT
MAY 1981

Approximately 23 million adjudicated claims were reported by 31 States (and territories) for the month of May 1981 (table A). For these same 31 States, the volume of adjudicated claims dropped 0.6 percent from April's total. For the 24 States reporting in May 1980 and in May 1981 the volume of adjudicated claims rose 4.2 percent over this one-year period. Claims for prescribed drugs continue to account for close to 40.0 percent of the total volume of adjudicated claims.

The average interval from date of service to date of receipt for the 31 reporting States for the current month was 36.9 days for all types of claims combined (table B). For the 24 States that also reported in May 1980, this average interval for all types of claims dropped for 16 States from May 1980 to May 1981.

For outpatient claims the average interval from date of service to date of receipt for May 1981 was 47.2 days. From May 1980 to May 1981 this average interval for outpatient claims dropped for 17 of the 24 States reporting in May 1980. The average interval from date of service to date of receipt was 20.1 days for claims for prescribed drugs and 38.9 days for claims for physician services. From May 1980 to May 1981 this average for physician claims dropped for 17 of the 24 States, and for prescribed drug claims it dropped for 14 of the 24 States reporting in both months. For the current month SNF services required the least average number of days from date of service to date of receipt (13.8). New Jersey at 17.0 days had the lowest average interval from date of service to date of receipt for all types of claims combined for May 1981 as well as the lowest average interval for prescribed drug claims (2.0 days).

For the month of May 1981, the average interval from date of receipt to date of adjudication for the 31 reporting States was 14.9 days for all types of claims combined, 16.1 days for outpatient claims, 18.8 days for physician claims, and 13.6 days for claims for prescribed drugs. For the 24 States reporting in both May 1980 and May 1981 this average went down for 14 States over this one year period for all types of claims, physician claims and claims for prescribed drugs. For outpatient claims this average went down for 17 States over the same one-year period. Overall, ICF services (all other) continue to require the fewest number of days from receipt to adjudication (5.9).

Alabama reported the lowest average interval from receipt to adjudication for all types of claims and outpatient claims at 2.7 days. Kansas, at 2.3 days, reported the lowest average interval from receipt to adjudication for prescribed drug claims, and New Jersey reported the lowest average interval for physician claims at 4.1 days.

More than 91.0 percent of the adjudicated claims for May 1981 required 30 days or less from date of receipt to date of adjudication. From May 1980 to May 1981 this figure went up for 15 of the 24 States reporting in both months. The most significant improvement in this area was reported by Nevada where the percentage of claims adjudicated in 30 days or less rose from 66.5 percent in May 1980 to 98.2 percent in May 1981. Alabama reported the highest percentage of claims adjudicated in 30 days or less for the current month. Overall, the highest percentage of claims adjudicated in 30 days or less for the current month was for ICF services (all other) at 99.5 percent. Seven of the 31 reporting States showed 100.0 percent of their ICF claims (all other) as being adjudicated in 90 days or less. For May 1981, three States, Alabama, Kansas, and Tennessee, reported 100.0 percent of their claims for prescribed drugs as being adjudicated in 30 days or less, while 20 States reported 100.0 percent of these claims as being adjudicated in 90 days or less.

For the current month, 70.0 percent of the reporting States showed more than 90.0 percent of their claims as processed in 30 days or less (table C). For claims for prescribed drugs 86.7 percent of the States, compared to 84.4 percent last month, reported over 90.0 percent of these claims processed in 30 days or less. For physician claims this percentage rose from 53.1 percent last month to 60.0 percent for the current month, and for outpatient services this percentage rose from 68.8 to 70.0 over the same one-month period.

TABLE A: NUMBER OF MEDICAID CLAIMS AND PERCENT DISTRIBUTION BY TYPE OF SERVICE FOR REPORTING STATES
MAY 1980 - MAY 1981

Month	Number of Reporting States 1/	Adjudicated Paid Claims	Percent Distribution by Type of Service							
			Total	Physician	Prescribed Drugs	Inpatient Hospital	Outpatient Hospital	Dental	Part A/ Part B Crossover	All Other
1980										
May	26 3/	21,233,411	100.0	19.9	38.6	1.3	7.8	7.9	12.6	11.9
June	24 2/	19,755,943	100.0	19.7	38.6	1.1	7.9	7.5	12.8	12.4
July	27	20,650,982	100.0	18.2	42.8	1.1	8.8	7.4	9.7	12.0
August	29	21,286,044	100.0	18.8	38.4	1.1	8.7	8.2	11.8	13.0
September	28	19,910,257	100.0	20.6	39.7	1.0	9.5	7.2	9.1	12.9
October	31	24,668,224	100.0	19.0	36.5	1.0	8.1	8.0	15.4	12.0
November	31	21,976,190	100.0	18.3	37.6	1.0	7.2	7.1	16.7	12.1
December	29	23,633,153	100.0	19.0	38.2	1.0	7.9	6.7	14.8	12.4
1981										
January	31	22,803,060	100.0	19.7	41.2	0.8	8.1	7.0	10.4	12.8
February	32	23,664,548	100.0	18.4	39.3	0.8	8.1	7.2	13.9	12.3
March	34	26,928,250	100.0	18.9	38.1	0.9	8.3	7.1	15.0	11.7
April	33	23,375,815	100.0	19.3	36.6	0.8	7.6	6.9	15.6	13.2
May	31	23,020,414	100.0	18.4	38.3	0.8	7.9	8.1	13.4	13.1

1/ Submitted relatively complete Part IV HCFA-120s.

2/ Twenty-four States submitted substantially complete and valid reports. However, the Nevada report contained invalid data for the total line, prescribed drugs, and Part A crossover claims. Hence, such data in Table A for June 1980 reflect the experience of only 23 States.

3/ Reflects updated figures for California.

TABLE B: SELECTED TIME INTERVAL DATA ON MEDICAID CLAIMS ADJUDICATED BY SELECTED TYPES OF SERVICE

MAY 1980 - MAY 1981

Month	From Date of Service to Date Received			From Date Received to Date Adjudicated		
	Average Days	Percent of Claims Requiring 30 Days or Less	Percent of Claims Requiring 90 Days or Less	Average Days	Percent of Claims Requiring 30 Days or Less	Percent of Claims Requiring 90 Days or Less
1980			All Types of Service			
May	39.2	62.7	91.5	16.1	91.3	99.2
June	37.8	63.7	92.3	16.3	89.5	99.3
July	38.3	63.9	91.8	17.8	84.0	99.1
August	39.3	62.0	91.6	16.2	88.1	99.1
September	38.4	63.6	91.1	16.9	87.3	99.3
October	39.9	61.2	90.3	15.6	88.6	99.4
November	39.8	61.2	90.6	14.5	91.5	99.4
December	38.2	62.0	92.1	17.7	87.3	99.0
1981						
January	38.1	62.4	92.2	19.4	81.0	99.2
February	39.4	61.8	91.2	15.7	89.6	99.4
March	40.8	61.7	90.6	16.3	91.1	99.2
April	38.8	63.0	90.9	15.4	91.2	99.5
May	36.9	63.7	92.3	14.9	91.6	99.4
1980			Outpatient Services			
May	49.7	48.8	88.8	16.9	91.4	98.7
June	52.6	48.1	88.6	16.0	90.7	98.9
July	47.1	47.0	90.1	20.1	81.0	98.6
August	46.9	48.4	90.2	17.6	86.6	99.0
September	46.9	48.3	90.0	17.8	84.1	98.9
October	47.0	48.2	90.0	16.9	85.5	99.2
November	49.2	48.5	88.3	17.5	85.7	97.9
December	51.6	45.3	87.7	20.9	79.9	99.4
1981						
January	51.0	46.3	88.0	21.0	75.8	99.4
February	50.1	47.4	88.3	16.0	90.4	99.6
March	50.7	48.8	87.9	16.4	91.9	99.2
April	47.3	51.2	89.3	16.0	92.5	99.1
May	47.2	51.0	89.5	16.1	90.9	98.7

TABLE B: SELECTED TIME INTERVAL DATA ON MEDICAID CLAIMS ADJUDICATED BY SELECTED TYPES OF SERVICE

MAY 1980 - MAY 1981

Month	From Date of Service to Date Received			From Date Received to Date Adjudicated		
	Average Days	Percent of Claims Requiring 30 Days or Less	Percent of Claims Requiring 90 Days or Less	Average Days	Percent of Claims Requiring 30 Days or Less	Percent of Claims Requiring 90 Days or Less
			Prescribed Drugs			
1980						
May	20.2	83.8	97.7	12.6	95.2	99.6
June	20.3	83.3	97.7	12.2	94.0	99.7
July	21.1	82.3	97.6	16.0	87.4	99.4
August	21.1	82.2	97.6	13.5	91.5	99.6
September	21.0	81.6	97.7	15.1	89.7	99.7
October	19.5	84.6	98.0	14.2	89.7	99.8
November	19.4	84.2	98.1	13.2	93.6	99.8
December	19.8	83.8	98.1	15.7	89.4	99.7
1981						
January	21.7	80.8	97.9	18.3	81.6	99.5
February	21.2	81.4	97.8	14.7	89.9	99.8
March	21.8	81.1	97.5	14.8	93.9	99.7
April	20.4	82.5	97.9	14.2	94.4	99.8
May	20.1	82.3	98.1	13.6	95.0	99.8
			Physician Services			
1980						
May	41.9	59.8	90.3	20.0	83.8	99.2
June	40.6	59.2	91.0	21.5	80.3	99.1
July	44.3	58.3	89.8	22.2	75.9	99.1
August	43.5	57.9	90.1	19.8	82.8	99.2
September	42.8	58.4	90.4	20.0	83.3	99.1
October	43.3	60.6	89.9	19.5	83.2	99.1
November	40.4	60.6	91.4	18.5	86.4	99.3
December	41.6	58.9	91.2	21.8	82.7	98.2
1981						
January	42.1	57.7	90.7	21.8	76.9	98.7
February	42.2	59.5	90.0	19.1	85.4	98.9
March	43.4	60.9	90.0	20.8	83.9	99.1
April	39.7	62.1	91.3	19.4	84.7	99.1
May	38.9	62.3	91.4	18.8	86.1	98.9

TABLE C: NUMBER AND PERCENT DISTRIBUTION OF REPORTING STATES BY PERCENT OF CLAIMS PROCESSED IN 30 DAYS OR LESS FROM DATE OF RECEIPT TO DATE OF ADJUDICATION FOR SELECTED CLAIM TYPES, MAY 1981

Percent of Claims	Claims For: All Services		Prescribed Drugs		Physician Services		Outpatient Services	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Less than 50	0	0.0	0	0.0	0	0.0	0	0.0
50.1 - 80.0	2	6.7	0	0.0	9	30.0	4	13.3
80.1 - 90.0	7	23.3	4	13.3	3	10.0	5	16.7
90.1 - 95.0	4	13.3	6	20.0	3	10.0	1	3.3
95.1 - 100.0	17	56.7	20	66.7	15	50.0	20	66.7
TOTAL	30*	100.0	30*	100.0	30*	100.0	32*	100.0

*One State failed to report average days from receipt to adjudication.

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981 NATIONAL TOTAL (SEE TECHNICAL NOTES)

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	23,020,414	100.0	36.9	14.9	51.6
INPATIENT HOSPITAL SERVICES	187,710	0.8	55.4	19.0	73.2
MENTAL HOSPITAL SERVICES FOR THE AGED	3,027	0.0	33.1	7.7	40.8
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	1,545	0.0	22.2	7.5	29.6
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	4,228	0.0	59.4	14.0	72.9
ICF SERVICES FOR THE MENTALLY RETARDED	51,026	0.2	20.4	8.1	28.7
ICF SERVICES -- ALL OTHER	355,962	1.5	19.3	5.9	25.3
SNF SERVICES	213,692	0.9	13.8	10.2	24.2
PHYSICIAN SERVICES	4,236,185	18.4	38.9	18.8	57.5
DENTAL SERVICES	1,853,832	8.1	47.2	14.0	61.0
OTHER PRACTITIONER SERVICES	545,069	2.4	30.5	22.0	52.5
OUTPATIENT HOSPITAL SERVICES	1,811,394	7.9	47.2	16.1	63.7
CLINIC SERVICES	431,215	1.9	56.1	17.5	73.5
HOME HEALTH SERVICES	52,775	0.2	52.5	16.3	68.7
FAMILY PLANNING SERVICES	188,599	0.8	33.9	13.2	46.9
LAB AND X-RAY SERVICES	471,497	2.0	42.0	20.2	62.1
PRESCRIBED DRUGS	8,809,697	38.3	20.1	13.6	33.7
EARLY AND PERIODIC SCREENING	164,131	0.7	36.4	13.5	49.6
RURAL HEALTH CLINIC SERVICES	13,883	0.1	49.8	20.2	69.7
STERILIZATION SERVICES	8,164	0.0	60.9	23.6	84.5
OTHER CARE	533,514	2.3	38.3	20.5	58.6
PART A CROSSOVER CLAIMS	150,272	0.7	73.6	11.2	84.5
PART B CROSSOVER CLAIMS	2,927,120	12.7	69.3	7.6	76.8

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981 ALABAMA

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	662,107	100.0	37.3	2.7	40.0
INPATIENT HOSPITAL SERVICES	4,451	0.7	49.1	4.0	53.1
MENTAL HOSPITAL SERVICES FOR THE AGED	0	0.0	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	272	0.0	10.5	1.0	11.5
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	1	0.0	52.0	46.0	98.0
ICF SERVICES FOR THE MENTALLY RETARDED	1,268	0.2	22.1	3.7	25.8
ICF SERVICES -- ALL OTHER	25,228	3.8	12.9	4.1	17.0
SNF SERVICES	5,604	0.8	18.6	4.1	22.7
PHYSICIAN SERVICES	93,555	14.1	31.1	4.2	35.3
DENTAL SERVICES	33,420	5.0	18.4	5.6	24.1
OTHER PRACTITIONER SERVICES	5,576	0.8	10.5	4.2	14.8
OUTPATIENT HOSPITAL SERVICES	21,431	3.2	30.3	2.7	33.0
CLINIC SERVICES	7,427	1.1	26.4	2.7	29.1
HOME HEALTH SERVICES	1,332	0.2	27.3	4.0	31.3
FAMILY PLANNING SERVICES	6,435	1.0	40.0	2.2	42.2
LAB AND X-RAY SERVICES	19,503	2.9	32.6	3.7	36.3
PRESCRIBED DRUGS	246,266	37.2	18.1	2.7	20.7
EARLY AND PERIODIC SCREENING	3,207	0.5	55.8	4.4	60.2
RURAL HEALTH CLINIC SERVICES	271	0.0	121.3	2.8	124.1
STERILIZATION SERVICES	319	0.0	74.6	11.4	86.0
OTHER CARE	6,593	1.0	26.3	5.2	31.5
PART A CROSSOVER CLAIMS	17,027	2.6	58.9	1.3	60.2
PART B CROSSOVER CLAIMS	162,921	24.6	78.7	0.9	79.6

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981
ARKANSAS
(SEE TECHNICAL NOTES)

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	425,700	100.0	30.8	7.4	38.2
INPATIENT HOSPITAL SERVICES	3,524	0.8	49.2	12.2	61.4
MENTAL HOSPITAL SERVICES FOR THE AGED	2	0.0	39.0	14.0	53.0
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	0	0.0	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	2	0.0	93.5	20.0	113.5
ICF SERVICES FOR THE MENTALLY RETARDED	1,937	0.5	**	1.0	**
ICF SERVICES -- ALL OTHER	11,936	2.8	**	1.0	**
SNF SERVICES	4,249	1.0	**	1.0	**
PHYSICIAN SERVICES	56,857	13.4	55.2	11.7	66.9
DENTAL SERVICES	15,968	3.8	16.9	10.3	27.2
OTHER PRACTITIONER SERVICES	2,292	0.5	21.3	10.0	31.3
OUTPATIENT HOSPITAL SERVICES	13,565	3.2	29.2	9.0	38.2
CLINIC SERVICES	3,195	0.8	64.7	10.7	75.4
HOME HEALTH SERVICES	236	0.1	85.3	14.6	99.9
FAMILY PLANNING SERVICES	3,768	0.9	30.6	8.4	39.0
LAB AND X-RAY SERVICES	6,057	1.4	59.9	11.8	71.7
PRESCRIBED DRUGS	190,686	44.8	16.5	7.9	24.4
EARLY AND PERIODIC SCREENING	755	0.2	79.5	1.1	80.6
RURAL HEALTH CLINIC SERVICES	0	0.0	--	--	--
STERILIZATION SERVICES	206	0.0	67.0	20.0	87.0
OTHER CARE	22,228	5.2	31.3	13.1	44.4
PART A CROSSOVER CLAIMS	2,703	0.6	37.8	2.1	39.9
PART B CROSSOVER CLAIMS	85,534	20.1	51.0	1.9	52.9

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981 CALIFORNIA

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	7,446,509	100.0	44.4	18.8	63.2
INPATIENT HOSPITAL SERVICES	46,536	0.6	56.3	35.7	92.0
MENTAL HOSPITAL SERVICES FOR THE AGED	8	0.0	242.6	16.0	258.6
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	284	0.0	22.2	16.5	38.7
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	2,525	0.0	29.7	16.0	45.7
ICF SERVICES FOR THE MENTALLY RETARDED	3,437	0.0	11.4	16.3	27.7
ICF SERVICES -- ALL OTHER	3,526	0.0	14.6	14.0	28.6
SNF SERVICES	70,660	0.9	12.1	13.2	25.3
PHYSICIAN SERVICES	,281,003	17.2	38.3	26.8	65.1
DENTAL SERVICES	852,579	11.4	67.5	11.7	79.2
OTHER PRACTITIONER SERVICES	201,618	2.7	27.8	26.3	54.1
OUTPATIENT HOSPITAL SERVICES	685,115	9.2	52.1	20.9	73.0
CLINIC SERVICES	83,830	1.1	46.7	20.1	66.8
HOME HEALTH SERVICES	4,660	0.1	96.1	36.7	132.8
FAMILY PLANNING SERVICES	32,930	0.4	22.9	22.9	45.8
LAB AND X-RAY SERVICES	213,267	2.9	37.5	27.7	65.2
PRESCRIBED DRUGS	2,098,927	28.2	21.3	21.9	43.2
EARLY AND PERIODIC SCREENING	35,060	0.5	44.5	6.3	50.8
RURAL HEALTH CLINIC SERVICES	4,444	0.1	78.4	19.8	98.2
STERILIZATION SERVICES	0	0.0	--	--	--
OTHER CARE	135,654	1.8	43.7	37.6	81.3
PART A CROSSOVER CLAIMS	17,577	0.2	99.9	18.8	118.7
PART B CROSSOVER CLAIMS	1,672,869	22.5	67.0	7.7	74.7

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981
COLORADO

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM: DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM: DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM: DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	183,477	100.0	29.9	8.5	37.5
INPATIENT HOSPITAL SERVICES	1,351	0.7	49.1	13.8	62.0
MENTAL HOSPITAL SERVICES FOR THE AGED	34	0.0	51.4	15.9	66.3
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	1	0.0	28.0	16.0	43.0
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	112	0.1	101.3	18.1	118.4
ICF SERVICES FOR THE MENTALLY RETARDED	582	0.3	17.6	7.1	23.7
ICF SERVICES -- ALL OTHER	7,805	4.3	11.6	4.8	15.4
SNF SERVICES	3,323	1.8	10.8	4.8	14.7
PHYSICIAN SERVICES	17,102	9.3	27.3	12.4	38.8
DENTAL SERVICES	2,742	1.5	28.5	9.3	36.8
OTHER PRACTITIONER SERVICES	3,934	2.1	23.9	13.9	36.9
OUTPATIENT HOSPITAL SERVICES	3,290	1.8	42.3	9.6	50.9
CLINIC SERVICES	14,949	8.1	35.2	13.6	47.8
HOME HEALTH SERVICES	310	0.2	41.7	13.8	54.5
FAMILY PLANNING SERVICES	1,752	1.0	37.6	10.3	46.9
LAB AND X-RAY SERVICES	2,156	1.2	41.4	7.9	48.3
PRESCRIBED DRUGS	89,824	49.0	18.6	7.1	24.7
EARLY AND PERIODIC SCREENING	1,978	1.1	35.6	7.8	42.5
RURAL HEALTH CLINIC SERVICES	0	0.0	--	--	--
STERILIZATION SERVICES	83	0.0	127.8	44.8	171.6
OTHER CARE	1,293	0.7	63.3	12.2	74.6
PART A CROSSOVER CLAIMS	9,272	5.1	67.0	13.5	79.5
PART B CROSSOVER CLAIMS	21,584	11.8	62.5	5.4	66.9

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981 FLORIDA

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - NUMBER	- AND PERCENT DISTRIBUTION - PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE T DATE ADJUDICATED
TOTAL	1,008,286	100.0	35.9	12.1	48.0
INPATIENT HOSPITAL SERVICES	7,477	0.7	50.5	11.0	61.5
MENTAL HOSPITAL SERVICES FOR THE AGED	405	0.0	58.0	5.6	63.6
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	0	0.0	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	0	0.0	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	1,560	0.2	26.3	6.9	33.2
ICF SERVICES -- ALL OTHER	21,137	2.1	8.9	5.5	14.4
SNF SERVICES	9,575	0.9	10.6	5.7	16.3
PHYSICIAN SERVICES	207,601	20.6	47.6	14.4	62.0
DENTAL SERVICES	59,563	5.9	27.0	10.8	37.8
OTHER PRACTITIONER SERVICES	13,734	1.4	23.8	10.9	34.7
OUTPATIENT HOSPITAL SERVICES	64,509	6.4	36.7	9.1	45.9
CLINIC SERVICES	0	0.0	--	--	--
HOME HEALTH SERVICES	4,490	0.4	64.7	10.2	74.9
FAMILY PLANNING SERVICES	3,560	0.4	24.4	10.9	35.3
LAB AND X-RAY SERVICES	4,259	0.4	43.3	11.0	54.3
PRESCRIBED DRUGS	500,898	49.7	28.8	11.7	40.5
EARLY AND PERIODIC SCREENING	6,458	0.6	18.2	11.0	29.2
RURAL HEALTH CLINIC SERVICES	381	0.0	36.8	9.3	46.1
STERILIZATION SERVICES	109	0.0	94.3	36.9	131.2
OTHER CARE	20,394	2.0	38.1	11.1	49.2
PART A CROSSOVER CLAIMS	2,978	0.3	88.6	11.8	100.4
PART B CROSSOVER CLAIMS	79,198	7.9	64.2	15.5	79.7

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981 GEORGIA

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	1,145,267	100.0	25.3	16.3	41.4
INPATIENT HOSPITAL SERVICES	9,248	0.8	44.9	18.3	63.3
MENTAL HOSPITAL SERVICES FOR THE AGED	0	0.0	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	0	0.0	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	0	0.0	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	1,607	0.1	4.6	15.0	19.6
ICF SERVICES -- ALL OTHER	15,779	1.4	4.4	15.0	19.4
SNF SERVICES	9,832	0.9	6.8	15.0	21.8
PHYSICIAN SERVICES	188,047	16.4	29.5	25.7	55.2
DENTAL SERVICES	50,107	4.4	21.4	30.5	52.0
OTHER PRACTITIONER SERVICES	8,287	0.7	28.9	27.3	56.2
OUTPATIENT HOSPITAL SERVICES	37,769	3.3	29.8	11.5	41.3
CLINIC SERVICES	20,339	1.8	36.1	23.2	59.3
HOME HEALTH SERVICES	3,441	0.3	19.1	23.8	43.0
FAMILY PLANNING SERVICES	6,082	0.5	19.4	12.2	31.6
LAB AND X-RAY SERVICES	5,959	0.5	41.3	25.1	66.4
PRESCRIBED DRUGS	657,095	57.4	17.8	13.1	30.9
EARLY AND PERIODIC SCREENING	8,268	0.7	26.0	23.4	49.5
RURAL HEALTH CLINIC SERVICES	554	0.0	43.3	31.6	74.9
STERILIZATION SERVICES	457	0.0	123.5	7.5	131.0
OTHER CARE	27,431	2.4	28.9	23.9	52.7
PART A CROSSOVER CLAIMS	20,440	1.8	71.2	7.9	79.2
PART B CROSSOVER CLAIMS	74,525	6.5	67.0	8.3	75.3

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981 HAWAII

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	352,908	100.0	29.3	22.1	51.5
INPATIENT HOSPITAL SERVICES	2,249	0.6	59.7	24.2	84.0
MENTAL HOSPITAL SERVICES FOR THE AGED	0	0.0	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	0	0.0	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	0	0.0	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	992	0.3	10.9	26.3	37.3
ICF SERVICES -- ALL OTHER	2,559	0.7	17.8	11.6	29.4
SNF SERVICES	2,881	0.8	14.3	11.7	26.0
PHYSICIAN SERVICES	123,142	34.9	29.8	24.1	53.9
DENTAL SERVICES	43,547	12.3	23.7	19.9	43.6
OTHER PRACTITIONER SERVICES	6,322	1.8	21.0	21.1	42.1
OUTPATIENT HOSPITAL SERVICES	18,660	5.3	53.5	29.8	83.3
CLINIC SERVICES	0	0.0	--	--	--
HOME HEALTH SERVICES	203	0.1	50.4	21.2	71.7
FAMILY PLANNING SERVICES	2,421	0.7	21.0	21.8	42.8
LAB AND X-RAY SERVICES	11,141	3.2	33.5	23.6	57.1
PRESCRIBED DRUGS	100,567	28.5	13.7	18.9	32.7
EARLY AND PERIODIC SCREENING	1,690	0.5	38.6	26.6	65.2
RURAL HEALTH CLINIC SERVICES	3,617	1.0	31.3	23.8	55.2
STERILIZATION SERVICES	566	0.2	26.6	22.6	49.3
OTHER CARE	5,529	1.6	28.5	18.8	47.3
PART A CROSSOVER CLAIMS	4,839	1.4	84.0	23.7	107.8
PART B CROSSOVER CLAIMS	21,983	6.2	77.5	25.7	103.2

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981
IDAHO

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	78,203	100.0	39.5	11.8	51.2
INPATIENT HOSPITAL SERVICES	646	0.8	56.5	11.8	68.3
MENTAL HOSPITAL SERVICES FOR THE AGED	0	0.0	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	0	0.0	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	0	0.0	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	527	0.7	17.3	7.3	24.6
ICF SERVICES -- ALL OTHER	1,779	2.3	9.8	6.5	16.3
SNF SERVICES	1,025	1.3	10.5	6.8	17.3
PHYSICIAN SERVICES	12,219	15.6	45.6	16.3	61.9
DENTAL SERVICES	4,803	6.1	22.2	10.4	32.6
OTHER PRACTITIONER SERVICES	658	0.8	46.6	20.9	67.6
OUTPATIENT HOSPITAL SERVICES	5,322	6.8	36.7	8.6	45.3
CLINIC SERVICES	0	0.0	--	--	--
HOME HEALTH SERVICES	687	0.9	92.6	14.9	107.5
FAMILY PLANNING SERVICES	799	1.0	19.1	9.3	28.4
LAB AND X-RAY SERVICES	5,669	7.2	48.0	18.3	66.3
PRESCRIBED DRUGS	26,969	34.5	24.6	11.0	35.6
EARLY AND PERIODIC SCREENING	1,567	2.0	31.8	7.1	38.9
RURAL HEALTH CLINIC SERVICES	45	0.1	57.4	16.9	14.3
STERILIZATION SERVICES	91	0.1	51.5	13.8	65.3
OTHER CARE	6,949	8.9	47.5	9.8	57.3
PART A CROSSOVER CLAIMS	1,214	1.6	75.3	11.6	86.9
PART B CROSSOVER CLAIMS	7,234	9.3	87.0	9.5	96.5

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981
IOWA

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	401,855	100.0	42.1	21.0	62.1
INPATIENT HOSPITAL SERVICES	3,237	0.8	42.5	22.6	64.1
MENTAL HOSPITAL SERVICES FOR THE AGED	6	0.0	56.8	20.8	76.7
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	0	0.0	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	1	0.0	89.0	25.0	113.0
ICF SERVICES FOR THE MENTALLY RETARDED	2,176	0.5	19.7	5.0	23.7
ICF SERVICES -- ALL OTHER	18,128	4.5	20.2	5.0	24.2
SNF SERVICES	65	0.0	53.8	27.7	80.5
PHYSICIAN SERVICES	93,178	23.2	63.8	31.7	94.4
DENTAL SERVICES	42,256	10.5	30.4	19.9	49.3
OTHER PRACTITIONER SERVICES	35,961	8.9	43.2	30.6	72.8
OUTPATIENT HOSPITAL SERVICES	15,627	3.9	60.5	23.1	82.5
CLINIC SERVICES	2,313	0.6	76.8	29.5	105.3
HOME HEALTH SERVICES	858	0.2	40.4	20.6	60.0
FAMILY PLANNING SERVICES	7,490	1.9	36.7	19.4	55.1
LAB AND X-RAY SERVICES	1,563	0.4	58.1	20.6	77.7
PRESCRIBED DRUGS	147,628	36.7	26.1	15.0	40.1
EARLY AND PERIODIC SCREENING	3,888	1.0	45.3	21.1	65.4
RURAL HEALTH CLINIC SERVICES	207	0.1	104.6	47.0	150.6
STERILIZATION SERVICES	471	0.1	67.0	27.4	93.4
OTHER CARE	7,247	1.8	57.9	29.2	86.1
PART A CROSSOVER CLAIMS	2,920	0.7	89.3	18.7	107.0
PART B CROSSOVER CLAIMS	16,635	4.1	78.9	8.3	86.2

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981 KANSAS

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	309,773	100.0	23.3	4.6	27.9
INPATIENT HOSPITAL SERVICES	2,766	0.9	57.6	4.8	62.4
MENTAL HOSPITAL SERVICES FOR THE AGED	40	0.0	79.3	0.0	79.3
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	0	0.0	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	364	0.1	101.2	0.8	102.0
ICF SERVICES FOR THE MENTALLY RETARDED	2,288	0.7	20.2	0.0	20.2
ICF SERVICES -- ALL OTHER	13,114	4.2	10.6	0.3	10.9
SNF SERVICES	367	0.1	18.0	1.2	19.2
PHYSICIAN SERVICES	56,607	18.3	27.3	10.1	37.3
DENTAL SERVICES	29,717	9.6	15.6	5.0	20.6
OTHER PRACTITIONER SERVICES	7,757	2.5	27.3	10.3	37.6
OUTPATIENT HOSPITAL SERVICES	18,392	5.9	28.7	3.8	32.5
CLINIC SERVICES	5,701	1.8	38.7	9.5	48.2
HOME HEALTH SERVICES	812	0.3	49.2	9.7	58.9
FAMILY PLANNING SERVICES	4,042	1.3	24.2	6.0	30.2
LAB AND X-RAY SERVICES	4,639	1.5	28.2	11.4	39.7
PRESCRIBED DRUGS	140,395	45.3	17.5	2.3	19.7
EARLY AND PERIODIC SCREENING	1,363	0.4	24.4	2.9	27.2
RURAL HEALTH CLINIC SERVICES	11	0.0	10.6	10.0	20.6
STERILIZATION SERVICES	332	0.1	61.9	16.8	78.7
OTHER CARE	4,047	1.3	36.1	1.4	37.5
PART A CROSSOVER CLAIMS	4,011	1.3	59.5	6.2	65.7
PART B CROSSOVER CLAIMS	13,008	4.2	54.4	3.2	57.7

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981
MAINE

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	180,385	100.0	26.7	9.1	35.8
INPATIENT HOSPITAL SERVICES	2,290	1.3	51.5	11.8	63.9
MENTAL HOSPITAL SERVICES FOR THE AGED	0	0.0	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	0	0.0	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	0	0.0	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	705	0.4	25.4	7.5	33.0
ICF SERVICES -- ALL OTHER	8,877	4.9	9.3	5.0	14.3
SNF SERVICES	202	0.1	41.8	12.8	54.7
PHYSICIAN SERVICES	31,126	17.3	33.0	10.0	43.0
DENTAL SERVICES	5,548	3.1	22.2	10.0	32.2
OTHER PRACTITIONER SERVICES	2,794	1.5	26.3	11.0	37.3
OUTPATIENT HOSPITAL SERVICES	14,719	8.2	36.5	9.2	45.7
CLINIC SERVICES	2,536	1.4	41.6	12.2	53.9
HOME HEALTH SERVICES	903	0.5	42.3	16.1	58.5
FAMILY PLANNING SERVICES	223	0.1	31.3	11.8	43.2
LAB AND X-RAY SERVICES	277	0.2	53.4	14.9	68.3
PRESCRIBED DRUGS	92,514	51.3	16.8	8.5	25.3
EARLY AND PERIODIC SCREENING	0	0.0	--	--	--
RURAL HEALTH CLINIC SERVICES	875	0.5	26.5	9.4	35.9
STERILIZATION SERVICES	0	0.0	--	--	--
OTHER CARE	1,537	0.9	47.5	18.3	65.9
PART A CROSSOVER CLAIMS	4,231	2.3	78.3	12.0	90.3
PART B CROSSOVER CLAIMS	11,028	6.1	61.2	9.2	70.4

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981 MISSISSIPPI

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	403,013	100.0	23.2	18.0	37.4
INPATIENT HOSPITAL SERVICES	6,548	1.6	58.3	19.1	68.5
MENTAL HOSPITAL SERVICES FOR THE AGED	0	0.0	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	0	0.0	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	0	0.0	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	976	0.2	19.7	4.6	23.2
ICF SERVICES -- ALL OTHER	5,981	1.5	17.3	2.5	19.1
SNF SERVICES	5,617	1.4	20.3	3.0	22.3
PHYSICIAN SERVICES	70,501	17.5	24.8	21.3	39.5
DENTAL SERVICES	6,597	1.6	28.1	18.7	41.8
OTHER PRACTITIONER SERVICES	1,391	0.3	22.7	25.0	44.3
OUTPATIENT HOSPITAL SERVICES	15,187	3.8	24.1	17.9	35.4
CLINIC SERVICES	0	0.0	--	--	--
HOME HEALTH SERVICES	566	0.1	52.0	22.8	65.8
FAMILY PLANNING SERVICES	2,691	0.7	40.8	20.1	54.9
LAB AND X-RAY SERVICES	3,364	0.8	39.7	34.6	60.4
PRESCRIBED DRUGS	202,956	50.4	12.8	21.1	32.4
EARLY AND PERIODIC SCREENING	6,018	1.5	17.6	17.8	27.5
RURAL HEALTH CLINIC SERVICES	465	0.1	17.0	21.0	34.1
STERILIZATION SERVICES	0	0.0	--	--	--
OTHER CARE	3,387	0.8	8.1	20.2	9.6
PART A CROSSOVER CLAIMS	4,003	1.0	55.7	9.8	58.9
PART B CROSSOVER CLAIMS	66,765	16.6	47.3	6.8	49.2

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981 MISSOURI

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	794,364	100.0	36.3	7.2	43.2
INPATIENT HOSPITAL SERVICES	6,439	0.8	72.8	9.9	82.2
MENTAL HOSPITAL SERVICES FOR THE AGED	0	0.0	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	0	0.0	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	0	0.0	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	1,786	0.2	47.7	0.2	48.0
ICF SERVICES -- ALL OTHER	17,069	2.1	17.6	4.6	22.0
SNF SERVICES	409	0.1	27.6	10.2	37.9
PHYSICIAN SERVICES	104,393	13.1	47.8	6.9	54.5
DENTAL SERVICES	87,057	11.0	48.8	22.3	68.5
OTHER PRACTITIONER SERVICES	16,481	2.1	26.1	5.8	31.9
OUTPATIENT HOSPITAL SERVICES	72,681	9.1	53.9	10.8	64.6
CLINIC SERVICES	32,097	4.0	50.4	6.7	56.8
HOME HEALTH SERVICES	3,038	0.4	74.9	9.8	83.7
FAMILY PLANNING SERVICES	13,962	1.8	31.3	5.9	37.2
LAB AND X-RAY SERVICES	7,306	0.9	53.0	5.8	58.8
PRESCRIBED DRUGS	355,743	44.8	19.2	4.2	23.5
EARLY AND PERIODIC SCREENING	2,255	0.3	36.2	5.1	41.4
RURAL HEALTH CLINIC SERVICES	0	0.0	--	--	--
STERILIZATION SERVICES	350	0.0	66.3	20.6	86.9
OTHER CARE	1,926	0.2	61.9	13.8	73.3
PART A CROSSOVER CLAIMS	6,911	0.9	86.5	9.2	95.3
PART B CROSSOVER CLAIMS	64,461	8.1	62.8	1.2	64.0

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981
MONTANA

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM: DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM: DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM: DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	90,443	100.0	49.8	18.2	68.0
INPATIENT HOSPITAL SERVICES	820	0.9	60.6	24.7	85.3
MENTAL HOSPITAL SERVICES FOR THE AGED	0	0.0	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	18	0.0	50.4	14.8	65.2
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	0	0.0	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	0	0.0	--	--	--
ICF SERVICES -- ALL OTHER	3,743	4.1	41.5	9.7	51.2
SNF SERVICES	201	0.2	33.6	9.4	43.0
PHYSICIAN SERVICES	21,441	23.7	52.8	22.3	75.0
DENTAL SERVICES	10,212	11.3	30.9	21.2	52.1
OTHER PRACTITIONER SERVICES	4,156	4.6	31.7	22.9	54.6
OUTPATIENT HOSPITAL SERVICES	5,066	5.6	38.6	25.9	64.5
CLINIC SERVICES	767	0.8	83.5	23.7	107.2
HOME HEALTH SERVICES	472	0.5	43.6	30.3	73.9
FAMILY PLANNING SERVICES	701	0.8	80.5	13.0	93.5
LAB AND X-RAY SERVICES	649	0.7	46.7	46.2	92.9
PRESCRIBED DRUGS	34,278	37.9	45.1	13.3	58.4
EARLY AND PERIODIC SCREENING	0	0.0	--	--	--
RURAL HEALTH CLINIC SERVICES	0	0.0	--	--	--
STERILIZATION SERVICES	16	0.0	37.6	321.0	358.6
OTHER CARE	1,293	1.4	54.7	22.3	77.0
PART A CROSSOVER CLAIMS	255	0.3	97.8	15.2	113.0
PART B CROSSOVER CLAIMS	6,355	7.0	110.6	16.1	126.7

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981 NEBRASKA

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - NUMBER	- AND PERCENT DISTRIBUTION - PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	162,191	100.0	31.4	22.8	54.2
INPATIENT HOSPITAL SERVICES	1,592	1.0	45.5	26.5	72.0
MENTAL HOSPITAL SERVICES FOR THE AGED	38	0.0	71.0	26.1	97.1
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	0	0.0	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	102	0.1	115.4	25.1	140.4
ICF SERVICES FOR THE MENTALLY RETARDED	822	0.5	28.3	7.3	35.6
ICF SERVICES -- ALL OTHER	7,319	4.5	9.4	6.3	15.6
SNF SERVICES	552	0.3	16.5	9.4	25.8
PHYSICIAN SERVICES	22,276	13.7	54.0	51.2	105.2
DENTAL SERVICES	2,249	1.4	58.4	15.5	73.8
OTHER PRACTITIONER SERVICES	3,063	1.9	33.5	45.7	79.2
OUTPATIENT HOSPITAL SERVICES	4,258	2.6	36.0	26.6	62.5
CLINIC SERVICES	7,898	4.9	73.3	56.2	129.5
HOME HEALTH SERVICES	747	0.5	51.9	23.7	75.5
FAMILY PLANNING SERVICES	1,552	1.0	19.3	16.3	35.6
LAB AND X-RAY SERVICES	2,465	1.5	55.1	70.1	125.2
PRESCRIBED DRUGS	92,168	56.8	17.0	14.3	31.2
EARLY AND PERIODIC SCREENING	742	0.5	21.7	18.0	39.7
RURAL HEALTH CLINIC SERVICES	0	0.0	--	--	--
STERILIZATION SERVICES	94	0.1	107.5	76.2	183.7
OTHER CARE	1,640	1.0	54.9	55.0	109.9
PART A CROSSOVER CLAIMS	2,405	1.5	56.8	10.1	67.0
PART B CROSSOVER CLAIMS	10,209	6.3	70.1	6.1	76.3

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981 NEVADA

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	75,013	100.0	60.4	9.1	69.5
INPATIENT HOSPITAL SERVICES	891	1.2	65.0	13.9	79.0
MENTAL HOSPITAL SERVICES FOR THE AGED	3	0.0	36.0	3.0	39.0
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	0	0.0	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	0	0.0	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	270	0.4	28.5	4.4	32.9
ICF SERVICES -- ALL OTHER	2,169	2.9	27.0	6.7	33.7
SNF SERVICES	85	0.1	48.6	6.3	55.0
PHYSICIAN SERVICES	17,651	23.5	65.9	12.6	78.5
DENTAL SERVICES	4,078	5.4	48.7	10.9	59.7
OTHER PRACTITIONER SERVICES	2,209	2.9	46.3	10.8	57.2
OUTPATIENT HOSPITAL SERVICES	6,918	9.2	66.5	9.9	76.5
CLINIC SERVICES	517	0.7	55.0	18.4	73.5
HOME HEALTH SERVICES	369	0.5	33.6	3.6	37.2
FAMILY PLANNING SERVICES	1,119	1.5	27.3	8.8	36.2
LAB AND X-RAY SERVICES	1,074	1.4	41.7	9.7	51.5
PRESCRIBED DRUGS	17,816	23.8	22.0	4.4	26.5
EARLY AND PERIODIC SCREENING	642	0.9	15.2	6.2	21.4
RURAL HEALTH CLINIC SERVICES	4	0.0	28.0	3.0	31.0
STERILIZATION SERVICES	61	0.1	86.9	54.6	141.6
OTHER CARE	2,610	3.5	46.7	8.4	55.1
PART A CROSSOVER CLAIMS	322	0.4	104.1	10.6	114.7
PART B CROSSOVER CLAIMS	16,205	21.6	110.9	9.3	120.2

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981 NEW HAMPSHIRE (SEE TECHNICAL NOTES)

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - NUMBER	- AND PERCENT DISTRIBUTION - PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	80,967	100.0	40.1	20.6	60.7
INPATIENT HOSPITAL SERVICES	596	0.7	76.1	23.5	99.7
MENTAL HOSPITAL SERVICES FOR THE AGED	0	0.0	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	168	0.2	13.2	3.4	16.6
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	**	**	**	**	**
ICF SERVICES FOR THE MENTALLY RETARDED	289	0.4	8.6	5.1	13.7
ICF SERVICES -- ALL OTHER	3,682	4.5	11.2	5.7	16.9
SNF SERVICES	64	0.1	54.6	9.4	64.1
PHYSICIAN SERVICES	15,171	18.7	52.4	22.0	74.4
DENTAL SERVICES	4,902	6.1	46.7	21.5	68.2
OTHER PRACTITIONER SERVICES	3,546	4.4	28.2	21.2	49.5
OUTPATIENT HOSPITAL SERVICES	2,313	2.9	46.7	22.5	69.2
CLINIC SERVICES	4,406	5.4	108.4	21.9	130.2
HOME HEALTH SERVICES	564	0.7	37.7	22.8	60.5
FAMILY PLANNING SERVICES	981	1.2	27.5	21.3	48.7
LAB AND X-RAY SERVICES	1,464	1.8	65.4	21.8	87.2
PRESCRIBED DRUGS	31,825	39.3	20.5	20.8	41.3
EARLY AND PERIODIC SCREENING	1,249	1.5	40.9	21.8	62.7
RURAL HEALTH CLINIC SERVICES	33	0.0	27.2	21.9	49.1
STERILIZATION SERVICES	71	0.1	109.2	29.1	138.3
OTHER CARE	3,766	4.7	39.2	20.9	60.1
PART A CROSSOVER CLAIMS	**	**	**	**	**
PART B CROSSOVER CLAIMS	**	**	**	**	**

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981 NEW JERSEY

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM: DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM: DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM: DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	1,372,385	100.0	17.0	9.5	26.5
INPATIENT HOSPITAL SERVICES	11,176	0.8	41.4	8.4	49.8
MENTAL HOSPITAL SERVICES FOR THE AGED	1,438	0.1	15.0	5.0	20.0
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	0	0.0	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	97	0.0	15.0	5.0	20.0
ICF SERVICES FOR THE MENTALLY RETARDED	4,664	0.3	15.0	5.0	20.0
ICF SERVICES -- ALL OTHER	17,842	1.3	15.0	5.0	20.0
SNF SERVICES	1,280	0.1	15.0	5.0	20.0
PHYSICIAN SERVICES	337,714	24.6	20.7	4.1	24.8
DENTAL SERVICES	131,469	9.6	35.9	2.5	38.4
OTHER PRACTITIONER SERVICES	21,436	1.6	21.4	3.8	25.2
OUTPATIENT HOSPITAL SERVICES	60,304	4.4	47.0	6.5	53.5
CLINIC SERVICES	408	0.0	56.8	9.5	66.3
HOME HEALTH SERVICES	4,088	0.3	47.7	5.9	53.6
FAMILY PLANNING SERVICES	7,296	0.5	20.4	3.6	24.0
LAB AND X-RAY SERVICES	61,456	4.5	38.6	4.1	42.7
PRESCRIBED DRUGS	598,376	43.6	2.0	16.5	18.5
EARLY AND PERIODIC SCREENING	4,258	0.3	22.7	4.9	27.6
RURAL HEALTH CLINIC SERVICES	0	0.0	--	--	--
STERILIZATION SERVICES	987	0.1	43.9	13.0	56.9
OTHER CARE	77,729	5.7	25.9	4.1	30.0
PART A CROSSOVER CLAIMS	1,994	0.1	80.1	8.2	88.3
PART B CROSSOVER CLAIMS	28,373	2.1	57.6	7.2	64.8

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981 NORTH CAROLINA

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	693,581	100.0	33.2	20.4	53.6
INPATIENT HOSPITAL SERVICES	6,389	0.9	66.0	20.2	86.2
MENTAL HOSPITAL SERVICES FOR THE AGED	187	0.0	39.2	22.5	61.7
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	0	0.0	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	57	0.0	66.6	30.3	96.9
ICF SERVICES FOR THE MENTALLY RETARDED	2,018	0.3	19.5	15.3	34.8
ICF SERVICES -- ALL OTHER	9,416	1.4	9.2	15.3	24.5
SNF SERVICES	6,199	0.9	15.8	16.6	32.4
PHYSICIAN SERVICES	115,198	16.6	44.6	25.2	69.8
DENTAL SERVICES	58,521	8.4	22.1	22.5	44.6
OTHER PRACTITIONER SERVICES	5,669	0.8	28.0	22.8	50.8
OUTPATIENT HOSPITAL SERVICES	66,662	9.6	40.4	21.0	61.4
CLINIC SERVICES	21,528	3.1	56.4	23.4	79.8
HOME HEALTH SERVICES	1,826	0.3	38.1	19.3	57.4
FAMILY PLANNING SERVICES	2,834	0.4	38.6	28.0	66.6
LAB AND X-RAY SERVICES	12,981	1.9	58.5	24.0	82.5
PRESCRIBED DRUGS	310,621	44.8	21.3	18.3	39.6
EARLY AND PERIODIC SCREENING	6,990	1.0	56.0	20.4	76.4
RURAL HEALTH CLINIC SERVICES	1,749	0.3	35.3	21.3	56.6
STERILIZATION SERVICES	407	0.1	59.9	40.1	100.0
OTHER CARE	16,702	2.4	35.5	21.6	57.1
PART A CROSSOVER CLAIMS	11,478	1.7	66.2	22.0	88.2
PART B CROSSOVER CLAIMS	36,149	5.2	69.1	15.4	84.5

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981
NORTH DAKOTA

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM: DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM: DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM: DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	83,879	100.0	56.7	18.3	75.0
INPATIENT HOSPITAL SERVICES	1,195	1.4	85.5	20.7	106.2
MENTAL HOSPITAL SERVICES FOR THE AGED	112	0.1	21.1	10.9	32.1
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	0	0.0	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	27	0.0	125.7	10.7	136.4
ICF SERVICES FOR THE MENTALLY RETARDED	0	0.0	--	--	--
ICF SERVICES -- ALL OTHER	1,850	2.2	10.5	0.5	11.0
SNF SERVICES	2,096	2.5	11.1	0.5	11.6
PHYSICIAN SERVICES	17,618	21.0	88.4	24.9	113.3
DENTAL SERVICES	7,321	8.7	33.9	24.7	58.6
OTHER PRACTITIONER SERVICES	4,061	4.8	41.9	23.2	65.1
OUTPATIENT HOSPITAL SERVICES	1,944	2.3	66.9	19.6	86.5
CLINIC SERVICES	2,667	3.2	61.3	17.6	78.9
HOME HEALTH SERVICES	166	0.2	24.1	21.0	45.1
FAMILY PLANNING SERVICES	1	0.0	30.0	34.0	64.0
LAB AND X-RAY SERVICES	760	0.9	82.8	23.2	106.0
PRESCRIBED DRUGS	36,481	43.5	42.9	15.4	58.3
EARLY AND PERIODIC SCREENING	0	0.0	--	--	--
RURAL HEALTH CLINIC SERVICES	0	0.0	--	--	--
STERILIZATION SERVICES	14	0.0	124.1	38.5	162.6
OTHER CARE	1,449	1.7	82.7	23.8	106.5
PART A CROSSOVER CLAIMS	608	0.7	107.8	18.7	126.5
PART B CROSSOVER CLAIMS	5,509	6.6	94.1	14.0	108.1

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981
OHIO

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	1,174,090	100.0	47.9	26.4	74.3
INPATIENT HOSPITAL SERVICES	10,814	0.9	77.0	24.4	101.3
MENTAL HOSPITAL SERVICES FOR THE AGED	619	0.1	39.1	9.0	48.1
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	0	0.0	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	52	0.0	83.5	9.0	92.5
ICF SERVICES FOR THE MENTALLY RETARDED	4,505	0.4	1.2	22.7	23.9
ICF SERVICES -- ALL OTHER	19,617	1.7	1.1	13.0	14.1
SNF SERVICES	19,383	1.7	1.2	13.0	14.2
PHYSICIAN SERVICES	257,362	21.9	71.1	29.4	100.5
DENTAL SERVICES	104,037	8.9	41.6	38.7	80.3
OTHER PRACTITIONER SERVICES	42,410	3.6	43.3	48.4	91.7
OUTPATIENT HOSPITAL SERVICES	133,930	11.4	53.9	23.0	76.9
CLINIC SERVICES	36,769	3.1	63.2	27.0	90.2
HOME HEALTH SERVICES	1,298	0.1	65.0	49.3	114.3
FAMILY PLANNING SERVICES	5,708	0.5	80.7	35.8	116.4
LAB AND X-RAY SERVICES	9,411	0.8	98.5	46.3	144.8
PRESCRIBED DRUGS	448,712	38.2	30.1	21.4	51.5
EARLY AND PERIODIC SCREENING	13,233	1.1	67.3	50.4	117.7
RURAL HEALTH CLINIC SERVICES	0	0.0	--	--	--
STERILIZATION SERVICES	299	0.0	133.6	23.5	157.1
OTHER CARE	13,774	1.2	94.0	48.7	142.6
PART A CROSSOVER CLAIMS	1,590	0.1	94.7	21.9	116.6
PART B CROSSOVER CLAIMS	50,567	4.3	78.5	13.9	92.3

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981
PUERTO RICO
(SEE TECHNICAL NOTES)

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	221,109	100.0	45.0	**	**
INPATIENT HOSPITAL SERVICES	4,709	2.1	88.8	**	**
MENTAL HOSPITAL SERVICES FOR THE AGED	0	0.0	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	0	0.0	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	0	0.0	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	0	0.0	--	--	--
ICF SERVICES -- ALL OTHER	0	0.0	--	--	--
SNF SERVICES	0	0.0	--	--	--
PHYSICIAN SERVICES	0	0.0	--	--	--
DENTAL SERVICES	0	0.0	--	--	--
OTHER PRACTITIONER SERVICES	0	0.0	--	--	--
OUTPATIENT HOSPITAL SERVICES	216,400	97.9	44.0	**	**
CLINIC SERVICES	0	0.0	--	--	--
HOME HEALTH SERVICES	0	0.0	--	--	--
FAMILY PLANNING SERVICES	0	0.0	--	--	--
LAB AND X-RAY SERVICES	0	0.0	--	--	--
PRESCRIBED DRUGS	0	0.0	--	--	--
EARLY AND PERIODIC SCREENING	0	0.0	--	--	--
RURAL HEALTH CLINIC SERVICES	0	0.0	--	--	--
STERILIZATION SERVICES	0	0.0	--	--	--
OTHER CARE	0	0.0	--	--	--
PART A CROSSOVER CLAIMS	0	0.0	--	--	--
PART B CROSSOVER CLAIMS	0	0.0	--	--	--

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981 SOUTH DAKOTA

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - NUMBER	- AND PERCENT DISTRIBUTION - PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	50,347	100.0	42.7	25.3	67.9
INPATIENT HOSPITAL SERVICES	289	0.6	52.6	52.3	104.9
MENTAL HOSPITAL SERVICES FOR THE AGED	0	0.0	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	126	0.3	15.8	3.4	19.2
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	0	0.0	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	1,025	2.0	14.9	4.7	19.6
ICF SERVICES -- ALL OTHER	4,447	8.8	16.4	5.2	21.7
SNF SERVICES	508	1.0	19.9	8.0	28.0
PHYSICIAN SERVICES	12,280	24.4	52.0	38.7	90.7
DENTAL SERVICES	2,969	5.9	40.7	38.2	79.0
OTHER PRACTITIONER SERVICES	1,499	3.0	30.7	32.1	62.9
OUTPATIENT HOSPITAL SERVICES	2,132	4.2	56.7	29.2	85.8
CLINIC SERVICES	1,678	3.3	56.1	32.2	88.3
HOME HEALTH SERVICES	0	0.0	--	--	--
FAMILY PLANNING SERVICES	292	0.6	25.5	31.5	57.0
LAB AND X-RAY SERVICES	442	0.9	61.9	35.3	97.2
PRESCRIBED DRUGS	14,886	29.6	23.1	20.5	43.6
EARLY AND PERIODIC SCREENING	388	0.8	42.3	39.4	81.3
RURAL HEALTH CLINIC SERVICES	233	0.5	26.5	29.1	55.6
STERILIZATION SERVICES	3	0.0	20.0	51.0	71.0
OTHER CARE	433	0.9	36.7	32.7	69.3
PART A CROSSOVER CLAIMS	129	0.3	69.5	12.2	81.8
PART B CROSSOVER CLAIMS	6,588	13.1	88.8	15.7	104.5

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981 TENNESSEE

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	1,107,725	100.0	31.2	6.6	37.8
INPATIENT HOSPITAL SERVICES	8,065	0.7	60.0	8.1	68.1
MENTAL HOSPITAL SERVICES FOR THE AGED	0	0.0	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	466	0.0	33.0	9.6	42.6
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	307	0.0	144.0	8.1	152.1
ICF SERVICES FOR THE MENTALLY RETARDED	2,498	0.2	27.6	9.6	37.3
ICF SERVICES -- ALL OTHER	17,954	1.6	23.8	12.0	35.8
SNF SERVICES	1,132	0.1	49.0	9.7	58.7
PHYSICIAN SERVICES	123,792	11.2	35.0	10.1	45.1
DENTAL SERVICES	41,247	3.7	25.5	10.0	35.5
OTHER PRACTITIONER SERVICES	3,780	0.3	18.0	11.9	29.9
OUTPATIENT HOSPITAL SERVICES	54,356	4.9	49.1	7.5	56.7
CLINIC SERVICES	32,186	2.9	37.7	8.7	46.4
HOME HEALTH SERVICES	2,807	0.3	47.7	12.2	59.9
FAMILY PLANNING SERVICES	9,377	0.8	38.1	3.5	41.6
LAB AND X-RAY SERVICES	31,809	2.9	59.0	13.6	72.6
PRESCRIBED DRUGS	617,984	55.8	18.2	5.6	23.8
EARLY AND PERIODIC SCREENING	26,843	2.4	23.5	8.8	32.2
RURAL HEALTH CLINIC SERVICES	0	0.0	--	--	--
STERILIZATION SERVICES	290	0.0	70.9	19.1	90.0
OTHER CARE	572	0.1	59.8	13.2	72.9
PART A CROSSOVER CLAIMS	16,372	1.5	66.9	4.8	71.7
PART B CROSSOVER CLAIMS	115,888	10.5	75.6	2.4	78.0

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981 TEXAS

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	1,390,765	100.0	31.2	16.7	47.9
INPATIENT HOSPITAL SERVICES	23,415	1.7	44.0	9.5	53.5
MENTAL HOSPITAL SERVICES FOR THE AGED	0	0.0	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	0	0.0	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	0	0.0	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	3,761	0.3	53.0	2.0	55.0
ICF SERVICES -- ALL OTHER	68,194	4.9	44.0	2.0	46.0
SNF SERVICES	7,796	0.6	50.8	2.0	52.8
PHYSICIAN SERVICES	432,019	31.1	28.4	9.4	37.8
DENTAL SERVICES	6,011	0.4	22.9	21.1	44.0
OTHER PRACTITIONER SERVICES	54,688	3.9	19.9	8.9	28.8
OUTPATIENT HOSPITAL SERVICES	103,145	7.4	34.9	7.1	42.0
CLINIC SERVICES	0	0.0	--	--	--
HOME HEALTH SERVICES	3,285	0.2	64.8	6.2	71.0
FAMILY PLANNING SERVICES	11,470	0.8	44.9	10.1	54.9
LAB AND X-RAY SERVICES	12,764	0.9	30.3	7.2	37.4
PRESCRIBED DRUGS	557,643	40.1	19.2	11.0	30.2
EARLY AND PERIODIC SCREENING	5,877	0.4	26.1	5.8	31.9
RURAL HEALTH CLINIC SERVICES	267	0.0	40.6	9.5	50.1
STERILIZATION SERVICES	1,522	0.1	41.2	19.2	60.4
OTHER CARE	3,262	0.2	42.6	12.3	55.0
PART A CROSSOVER CLAIMS	1,727	0.1	102.8	10.2	113.0
PART B CROSSOVER CLAIMS	93,919	6.8	80.3	9.1	89.5

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981
UTAH

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	154,007	100.0	37.8	13.8	51.7
INPATIENT HOSPITAL SERVICES	1,078	0.7	49.2	18.8	68.0
MENTAL HOSPITAL SERVICES FOR THE AGED	18	0.0	41.8	21.6	63.4
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	0	0.0	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	39	0.0	37.1	22.5	59.5
ICF SERVICES FOR THE MENTALLY RETARDED	1,165	0.8	11.9	0.0	11.9
ICF SERVICES -- ALL OTHER	2,920	1.9	13.4	0.0	13.4
SNF SERVICES	621	0.4	17.3	0.0	17.3
PHYSICIAN SERVICES	32,135	20.9	41.6	20.4	61.9
DENTAL SERVICES	11,283	7.3	95.8	6.9	102.7
OTHER PRACTITIONER SERVICES	5,818	3.8	25.5	17.7	43.2
OUTPATIENT HOSPITAL SERVICES	12,756	8.3	37.5	17.5	55.0
CLINIC SERVICES	4,221	2.7	54.3	22.9	77.1
HOME HEALTH SERVICES	298	0.2	54.2	32.8	87.0
FAMILY PLANNING SERVICES	2,588	1.7	24.3	11.4	35.7
LAB AND X-RAY SERVICES	8,607	5.6	45.4	19.7	65.1
PRESCRIBED DRUGS	58,438	37.9	19.1	8.0	27.1
EARLY AND PERIODIC SCREENING	716	0.5	28.6	23.4	52.0
RURAL HEALTH CLINIC SERVICES	121	0.1	76.5	22.7	99.2
STERILIZATION SERVICES	170	0.1	37.2	31.6	68.8
OTHER CARE	2,935	1.9	42.5	20.1	62.6
PART A CROSSOVER CLAIMS	947	0.6	68.8	20.4	89.2
PART B CROSSOVER CLAIMS	7,133	4.6	87.2	24.6	111.8

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981
VERMONT

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	130,095	100.0	38.2	11.7	49.9
INPATIENT HOSPITAL SERVICES	812	0.6	58.7	16.1	74.8
MENTAL HOSPITAL SERVICES FOR THE AGED	91	0.1	78.9	3.0	81.9
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	0	0.0	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	61	0.0	142.9	12.5	115.4
ICF SERVICES FOR THE MENTALLY RETARDED	744	0.6	30.5	6.6	37.1
ICF SERVICES -- ALL OTHER	2,253	1.7	14.3	12.5	26.8
SNF SERVICES	72	0.1	37.2	43.1	80.3
PHYSICIAN SERVICES	41,583	32.0	52.5	14.5	67.0
DENTAL SERVICES	7,671	5.9	46.5	12.4	58.9
OTHER PRACTITIONER SERVICES	3,823	2.9	36.6	17.9	54.5
OUTPATIENT HOSPITAL SERVICES	6,912	5.3	46.0	8.1	54.1
CLINIC SERVICES	6	0.0	291.5	43.5	334.5
HOME HEALTH SERVICES	1,130	0.9	39.2	9.5	48.7
FAMILY PLANNING SERVICES	2,043	1.6	29.0	9.5	38.5
LAB AND X-RAY SERVICES	8,025	6.2	48.9	15.9	64.9
PRESCRIBED DRUGS	39,275	30.2	16.8	5.6	22.4
EARLY AND PERIODIC SCREENING	3,560	2.7	44.5	14.5	59.1
RURAL HEALTH CLINIC SERVICES	159	0.1	27.1	9.1	36.3
STERILIZATION SERVICES	52	0.0	77.3	61.2	138.5
OTHER CARE	1,154	0.9	50.8	20.3	71.2
PART A CROSSOVER CLAIMS	2,535	1.9	51.1	15.0	66.2
PART B CROSSOVER CLAIMS	8,134	6.3	41.6	18.7	60.4

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981
VIRGIN ISLANDS

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	1,675	100.0	51.2	16.0	67.2
INPATIENT HOSPITAL SERVICES	113	6.7	159.3	15.0	174.3
MENTAL HOSPITAL SERVICES FOR THE AGED	0	0.0	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	0	0.0	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	0	0.0	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	0	0.0	--	--	--
ICF SERVICES -- ALL OTHER	0	0.0	--	--	--
SNF SERVICES	0	0.0	--	--	--
PHYSICIAN SERVICES	21	1.3	20.7	10.2	30.9
DENTAL SERVICES	5	0.3	33.0	15.0	48.0
OTHER PRACTITIONER SERVICES	0	0.0	--	--	--
OUTPATIENT HOSPITAL SERVICES	655	39.1	84.4	15.0	99.4
CLINIC SERVICES	0	0.0	--	--	--
HOME HEALTH SERVICES	0	0.0	--	--	--
FAMILY PLANNING SERVICES	0	0.0	--	--	--
LAB AND X-RAY SERVICES	1	0.1	15.0	15.0	30.0
PRESCRIBED DRUGS	798	47.6	47.3	15.0	62.4
EARLY AND PERIODIC SCREENING	5	0.3	27.0	27.0	42.0
RURAL HEALTH CLINIC SERVICES	0	0.0	--	--	--
STERILIZATION SERVICES	0	0.0	--	--	--
OTHER CARE	77	4.6	24.3	36.0	60.4
PART A CROSSOVER CLAIMS	0	0.0	--	--	--
PART B CROSSOVER CLAIMS	0	0.0	--	--	--

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981 VIRGINIA

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	817,372	100.0	29.5	4.0	33.5
INPATIENT HOSPITAL SERVICES	7,524	0.9	61.2	4.5	65.6
MENTAL HOSPITAL SERVICES FOR THE AGED	2	0.0	170.5	2.5	173.0
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	210	0.0	21.7	3.8	25.5
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	0	0.0	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	6,280	0.8	21.0	3.6	24.6
ICF SERVICES -- ALL OTHER	18,513	2.3	10.8	3.9	14.7
SNF SERVICES	615	0.1	43.8	5.1	48.9
PHYSICIAN SERVICES	178,491	21.8	33.9	4.2	38.1
DENTAL SERVICES	60,907	7.5	19.7	4.5	24.2
OTHER PRACTITIONER SERVICES	11,529	1.4	31.7	9.7	41.4
OUTPATIENT HOSPITAL SERVICES	37,624	4.6	50.2	3.6	53.8
CLINIC SERVICES	11,302	1.4	52.6	3.3	55.9
HOME HEALTH SERVICES	1,693	0.2	89.4	5.6	95.0
FAMILY PLANNING SERVICES	9,683	1.2	21.9	3.3	25.2
LAB AND X-RAY SERVICES	5,123	0.6	43.5	3.9	47.4
PRESCRIBED DRUGS	358,334	43.8	18.8	3.4	22.2
EARLY AND PERIODIC SCREENING	7,327	0.9	26.4	3.4	29.9
RURAL HEALTH CLINIC SERVICES	34	0.0	55.7	3.0	58.7
STERILIZATION SERVICES	409	0.1	55.1	33.9	89.1
OTHER CARE	30,011	3.7	29.2	6.5	35.8
PART A CROSSOVER CLAIMS	3,780	0.5	92.2	10.1	102.4
PART B CROSSOVER CLAIMS	67,981	8.3	64.7	3.7	68.5

TABLE 1: NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981 WASHINGTON

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	616,281	100.0	31.8	12.0	43.8
INPATIENT HOSPITAL SERVICES	5,576	0.9	42.9	18.5	61.4
MENTAL HOSPITAL SERVICES FOR THE AGED	0	0.0	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	0	0.0	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	0	0.0	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	715	0.1	11.1	8.7	19.8
ICF SERVICES -- ALL OTHER	1,284	0.2	12.1	9.3	21.5
SNF SERVICES	17,537	2.8	13.6	9.2	22.8
PHYSICIAN SERVICES	135,785	22.0	33.0	18.1	51.1
DENTAL SERVICES	40,966	6.6	18.4	17.6	36.0
OTHER PRACTITIONER SERVICES	16,762	2.7	30.1	10.4	40.5
OUTPATIENT HOSPITAL SERVICES	43,058	7.0	33.8	10.5	44.3
CLINIC SERVICES	319	0.1	39.7	24.8	64.5
HOME HEALTH SERVICES	4,190	0.7	27.0	9.6	36.6
FAMILY PLANNING SERVICES	6,212	1.0	31.0	11.8	42.8
LAB AND X-RAY SERVICES	22,314	3.6	38.5	18.8	57.3
PRESCRIBED DRUGS	221,699	36.0	21.6	7.1	28.7
EARLY AND PERIODIC SCREENING	8,678	1.4	31.2	12.6	43.8
RURAL HEALTH CLINIC SERVICES	309	0.1	20.3	11.0	31.2
STERILIZATION SERVICES	785	0.1	48.7	28.4	77.0
OTHER CARE	37,586	6.1	44.7	13.6	58.4
PART A CROSSOVER CLAIMS	5,369	0.9	64.1	15.2	79.3
PART B CROSSOVER CLAIMS	47,137	7.6	76.1	9.6	85.7

TABLE 1. NUMBER, PERCENT DISTRIBUTION, AND AVERAGE PROCESSING TIMES FOR MEDICAID CLAIMS BY TYPE OF SERVICE FOR MAY 1981 WISCONSIN

TYPE OF SERVICE	NUMBER OF CLAIMS ADJUDICATED - AND PERCENT DISTRIBUTION - NUMBER	PERCENT DISTRIBUTION	AVERAGE DAYS FROM DATE OF SERVICE TO DATE OF RECEIPT	AVERAGE DAYS FROM DATE OF RECEIPT TO DATE ADJUDICATED	AVERAGE DAYS FROM DATE OF SERVICE TO DATE ADJUDICATED
TOTAL	1,406,642	100.0	42.6	11.4	53.9
INPATIENT HOSPITAL SERVICES	5,894	0.4	46.5	8.7	55.2
MENTAL HOSPITAL SERVICES FOR THE AGED	24	0.0	122.8	9.0	131.8
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	0	0.0	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	481	0.0	101.1	14.3	115.4
ICF SERVICES FOR THE MENTALLY RETARDED	2,429	0.2	14.0	10.1	24.1
ICF SERVICES -- ALL OTHER	21,841	1.6	15.9	8.5	24.4
SNF SERVICES	41,742	3.0	14.7	8.8	23.4
PHYSICIAN SERVICES	140,317	10.0	47.8	15.7	63.5
DENTAL SERVICES	126,080	9.0	20.9	11.1	32.0
OTHER PRACTITIONER SERVICES	53,815	3.8	44.2	18.7	62.9
OUTPATIENT HOSPITAL SERVICES	66,694	4.7	57.1	8.3	65.4
CLINIC SERVICES	134,156	9.5	70.6	16.2	86.8
HOME HEALTH SERVICES	8,306	0.6	40.5	18.6	59.1
FAMILY PLANNING SERVICES	40,587	2.9	42.5	12.5	55.0
LAB AND X-RAY SERVICES	6,992	0.5	42.0	16.7	58.7
PRESCRIBED DRUGS	519,895	37.0	28.9	7.4	36.4
EARLY AND PERIODIC SCREENING	11,116	0.8	32.6	7.1	39.7
RURAL HEALTH CLINIC SERVICES	104	0.0	24.7	8.0	32.6
STERILIZATION SERVICES	0	0.0	--	--	--
OTHER CARE	94,306	6.7	35.2	17.2	52.4
PART A CROSSOVER CLAIMS	2,635	0.2	77.3	6.2	83.5
PART B CROSSOVER CLAIMS	129,228	9.2	94.9	12.9	107.8

** Accurate data unavailable or incomplete.

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
NATIONAL TOTAL
(SEE TECHNICAL NOTES)

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				----- FROM DATE RECEIVED TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	63.7	92.3	97.4	99.6	91.6	98.4	99.4
INPATIENT HOSPITAL SERVICES	52.4	84.6	93.7	98.9	86.0	96.2	98.7
MENTAL HOSPITAL SERVICES FOR THE AGED	86.8	96.0	98.9	99.9	98.4	99.8	99.9
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	88.4	95.9	98.2	99.9	98.2	99.3	99.5
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	63.9	81.5	90.6	98.7	99.1	99.8	99.9
ICF SERVICES FOR THE MENTALLY RETARDED	86.6	97.1	98.9	99.7	98.6	99.6	99.8
ICF SERVICES -- ALL OTHER	84.2	97.8	99.3	99.8	99.5	99.8	99.9
SNF SERVICES	90.7	97.7	99.1	99.8	97.9	99.1	99.7
PHYSICIAN SERVICES	62.3	91.4	97.0	99.6	86.1	97.5	98.9
DENTAL SERVICES	56.5	88.2	96.9	99.3	92.4	98.5	99.3
OTHER PRACTITIONER SERVICES	70.3	95.3	98.4	99.7	78.5	96.2	98.8
OUTPATIENT HOSPITAL SERVICES	51.0	89.5	96.2	99.6	90.9	96.5	98.7
CLINIC SERVICES	45.4	86.0	94.7	99.1	89.9	97.6	98.9
HOME HEALTH SERVICES	47.4	87.4	96.4	99.5	90.8	97.6	99.1
FAMILY PLANNING SERVICES	65.8	94.3	98.0	99.8	95.0	99.0	99.7
LAB AND X-RAY SERVICES	56.7	91.6	96.7	99.7	85.5	96.7	98.5
PRESCRIBED DRUGS	82.3	98.1	99.4	99.9	95.0	99.0	99.8
EARLY AND PERIODIC SCREENING	65.2	91.7	97.4	99.8	90.3	97.9	99.8
RURAL HEALTH CLINIC SERVICES	51.8	88.8	95.5	99.4	85.1	95.1	98.0
STERILIZATION SERVICES	45.4	82.3	93.2	98.9	76.0	95.8	98.2
OTHER CARE	64.1	91.7	97.2	99.6	77.6	96.7	98.6
PART A CROSSOVER CLAIMS	26.8	78.4	92.3	98.4	94.3	99.0	99.7
PART B CROSSOVER CLAIMS	23.0	81.0	93.8	99.2	94.3	99.6	99.9

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
ALABAMA

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				FROM DATE RECEIVED ----- TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	64.3	90.6	97.8	99.5	100.0	100.0	100.0
INPATIENT HOSPITAL SERVICES	63.9	85.8	94.8	98.5	99.9	100.0	100.0
MENTAL HOSPITAL SERVICES FOR THE AGED	--	--	--	--	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	96.3	97.8	99.3	100.0	100.0	100.0	100.0
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	0.0	100.0	100.0	100.0	0.0	100.0	100.0
ICF SERVICES FOR THE MENTALLY RETARDED	86.1	94.6	96.7	99.5	100.0	100.0	100.0
ICF SERVICES -- ALL OTHER	90.6	96.5	98.7	99.8	100.0	100.0	100.0
SNF SERVICES	88.4	94.9	97.5	99.2	100.0	100.0	100.0
PHYSICIAN SERVICES	73.3	92.2	97.8	99.7	99.9	100.0	100.0
DENTAL SERVICES	86.0	97.9	99.4	99.9	99.8	100.0	100.0
OTHER PRACTITIONER SERVICES	92.1	99.6	99.9	99.9	99.9	100.0	100.0
OUTPATIENT HOSPITAL SERVICES	79.2	92.9	97.3	99.6	100.0	100.0	100.0
CLINIC SERVICES	84.0	94.3	97.9	99.6	100.0	100.0	100.0
HOME HEALTH SERVICES	76.4	97.2	99.5	100.0	100.0	100.0	100.0
FAMILY PLANNING SERVICES	58.1	93.0	99.3	99.8	100.0	100.0	100.0
LAB AND X-RAY SERVICES	68.6	94.3	97.7	99.7	99.9	100.0	100.0
PRESCRIBED DRUGS	88.8	98.2	99.4	99.9	100.0	100.0	100.0
EARLY AND PERIODIC SCREENING	25.2	83.8	99.0	99.9	100.0	100.0	100.0
RURAL HEALTH CLINIC SERVICES	51.3	60.5	70.8	90.4	100.0	100.0	100.0
STERILIZATION SERVICES	12.5	74.6	93.4	99.4	96.2	100.0	100.0
OTHER CARE	83.6	95.9	98.8	99.7	99.8	100.0	100.0
PART A CROSSOVER CLAIMS	40.0	87.7	94.5	98.3	100.0	100.0	100.0
PART B CROSSOVER CLAIMS	11.2	74.5	95.2	98.9	100.0	100.0	100.0

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
ARKANSAS
(SEE TECHNICAL NOTES)

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				----- FROM DATE RECEIVED TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	71.7	93.0	98.3	99.7	99.6	100.0	100.0
INPATIENT HOSPITAL SERVICES	56.8	83.4	96.2	99.5	98.0	99.9	100.0
MENTAL HOSPITAL SERVICES FOR THE AGED	0.0	100.0	100.0	100.0	100.0	100.0	100.0
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	--	--	--	--	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	0.0	50.0	100.0	100.0	100.0	100.0	100.0
ICF SERVICES FOR THE MENTALLY RETARDED	**	**	**	**	100.0	100.0	100.0
ICF SERVICES -- ALL OTHER	**	**	**	**	100.0	100.0	100.0
SNF SERVICES	**	**	**	**	100.0	100.0	100.0
PHYSICIAN SERVICES	48.3	80.3	96.1	99.3	98.5	99.9	100.0
DENTAL SERVICES	85.2	98.2	99.8	100.0	99.9	100.0	100.0
OTHER PRACTITIONER SERVICES	81.0	96.8	99.4	99.6	99.5	100.0	100.0
OUTPATIENT HOSPITAL SERVICES	72.8	93.5	99.1	99.9	99.8	100.0	100.0
CLINIC SERVICES	17.6	82.0	98.7	99.5	99.1	100.0	100.0
HOME HEALTH SERVICES	44.9	73.3	83.5	97.5	97.9	100.0	100.0
FAMILY PLANNING SERVICES	71.7	92.5	99.8	100.0	99.9	100.0	100.0
LAB AND X-RAY SERVICES	47.4	77.4	93.8	99.8	97.5	100.0	100.0
PRESCRIBED DRUGS	86.9	98.7	99.9	100.0	99.9	100.0	100.0
EARLY AND PERIODIC SCREENING	0.0	74.3	99.1	100.0	99.9	100.0	100.0
RURAL HEALTH CLINIC SERVICES	--	--	--	--	--	--	--
STERILIZATION SERVICES	35.9	75.7	93.2	99.5	90.8	100.0	100.0
OTHER CARE	60.7	98.0	99.8	100.0	99.6	100.0	100.0
PART A CROSSOVER CLAIMS	73.7	92.1	96.9	99.6	99.9	100.0	100.0
PART B CROSSOVER CLAIMS	52.2	87.2	95.6	99.0	100.0	100.0	100.0

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
CALIFORNIA

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				FROM DATE RECEIVED ----- TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	51.1	90.7	97.0	99.7	89.0	97.6	99.0
INPATIENT HOSPITAL SERVICES	53.5	84.5	93.5	99.1	68.9	89.4	95.9
MENTAL HOSPITAL SERVICES FOR THE AGED	37.5	37.5	37.5	75.0	100.0	100.0	100.0
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	87.3	93.7	97.2	99.3	92.6	97.2	98.2
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	85.2	92.4	97.3	99.8	100.0	100.0	100.0
ICF SERVICES FOR THE MENTALLY RETARDED	94.2	98.3	98.8	99.9	95.2	96.6	97.3
ICF SERVICES -- ALL OTHER	91.4	96.5	98.1	99.5	95.0	97.4	98.6
SNF SERVICES	91.5	97.4	98.8	99.7	94.8	97.8	99.1
PHYSICIAN SERVICES	53.7	93.9	97.9	99.9	79.5	96.4	98.0
DENTAL SERVICES	34.8	82.0	95.7	99.0	99.3	99.3	99.3
OTHER PRACTITIONER SERVICES	69.6	98.0	99.3	100.0	78.5	95.4	97.7
OUTPATIENT HOSPITAL SERVICES	46.6	88.4	95.3	99.4	86.9	93.9	97.3
CLINIC SERVICES	38.6	92.1	97.8	99.9	88.5	95.9	98.4
HOME HEALTH SERVICES	4.0	66.6	87.4	98.0	64.3	79.8	92.4
FAMILY PLANNING SERVICES	73.4	98.3	99.3	100.0	91.4	97.1	99.1
LAB AND X-RAY SERVICES	59.4	94.2	97.8	99.8	80.9	95.1	97.6
PRESCRIBED DRUGS	77.0	98.6	99.4	99.9	93.2	98.5	99.8
EARLY AND PERIODIC SCREENING	57.3	89.0	96.4	99.8	100.0	100.0	100.0
RURAL HEALTH CLINIC SERVICES	4.8	81.7	94.2	99.4	88.3	92.7	96.1
STERILIZATION SERVICES	--	--	--	--	--	--	--
OTHER CARE	57.6	88.4	95.8	99.7	46.4	90.9	95.7
PART A CROSSOVER CLAIMS	18.3	59.5	88.0	97.9	91.7	98.1	99.0
PART B CROSSOVER CLAIMS	21.6	82.4	94.2	99.7	92.4	99.7	99.9

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
COLORADO

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				FROM DATE RECEIVED ----- TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	69.7	94.8	98.8	99.7	98.5	99.9	100.0
INPATIENT HOSPITAL SERVICES	62.8	86.2	95.6	99.1	97.9	99.3	99.5
MENTAL HOSPITAL SERVICES FOR THE AGED	44.1	88.2	97.1	100.0	100.0	100.0	100.0
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	100.0	100.0	100.0	100.0	100.0	100.0	100.0
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	47.3	74.1	86.6	89.3	99.1	100.0	100.0
ICF SERVICES FOR THE MENTALLY RETARDED	94.3	99.1	100.0	100.0	99.7	99.8	99.8
ICF SERVICES -- ALL OTHER	95.1	98.6	99.4	99.8	99.8	100.0	100.0
SNF SERVICES	95.3	99.0	99.8	99.8	99.8	100.0	100.0
PHYSICIAN SERVICES	77.3	95.2	99.1	99.8	95.1	99.9	100.0
DENTAL SERVICES	79.8	94.0	98.7	99.9	97.7	98.1	98.8
OTHER PRACTITIONER SERVICES	84.0	96.5	99.1	99.7	94.2	99.8	100.0
OUTPATIENT HOSPITAL SERVICES	56.7	88.7	99.0	99.7	99.2	99.9	100.0
CLINIC SERVICES	62.7	93.2	99.4	99.9	95.6	99.7	99.9
HOME HEALTH SERVICES	41.9	93.5	99.7	100.0	98.4	100.0	100.0
FAMILY PLANNING SERVICES	69.9	91.6	97.3	98.9	95.7	99.8	99.9
LAB AND X-RAY SERVICES	51.6	91.6	98.8	100.0	99.7	99.8	100.0
PRESCRIBED DRUGS	87.1	98.4	99.6	99.9	99.7	100.0	100.0
EARLY AND PERIODIC SCREENING	63.8	93.5	98.4	99.7	98.7	99.0	100.0
RURAL HEALTH CLINIC SERVICES	--	--	--	--	--	--	--
STERILIZATION SERVICES	28.9	49.4	83.1	90.4	24.1	95.2	98.8
OTHER CARE	37.0	81.7	96.1	99.0	95.6	99.4	99.8
PART A CROSSOVER CLAIMS	10.7	83.9	96.6	99.3	96.9	100.0	100.0
PART B CROSSOVER CLAIMS	10.6	86.5	96.3	99.0	99.6	99.9	100.0

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
FLORIDA

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				----- FROM DATE RECEIVED TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	65.4	93.5	98.0	100.0	99.4	99.7	99.9
INPATIENT HOSPITAL SERVICES	64.7	87.6	94.2	100.0	95.9	99.0	99.7
MENTAL HOSPITAL SERVICES FOR THE AGED	93.8	99.0	100.0	100.0	98.3	100.0	100.0
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	--	--	--	--	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	--	--	--	--	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	82.3	88.2	96.9	100.0	100.0	100.0	100.0
ICF SERVICES -- ALL OTHER	95.1	99.2	99.9	100.0	99.8	100.0	100.0
SNF SERVICES	93.2	98.6	99.7	100.0	99.7	100.0	100.0
PHYSICIAN SERVICES	56.9	87.9	96.2	100.0	97.9	98.7	99.7
DENTAL SERVICES	77.7	94.9	98.2	100.0	99.3	99.8	99.9
OTHER PRACTITIONER SERVICES	70.4	96.9	99.1	100.0	99.5	99.9	100.0
OUTPATIENT HOSPITAL SERVICES	72.0	90.7	97.1	100.0	99.6	99.8	99.9
CLINIC SERVICES	--	--	--	--	--	--	--
HOME HEALTH SERVICES	22.4	93.7	97.4	100.0	99.2	99.8	100.0
FAMILY PLANNING SERVICES	80.9	97.4	99.2	100.0	99.4	99.8	100.0
LAB AND X-RAY SERVICES	53.1	92.7	95.5	100.0	99.2	99.7	99.9
PRESCRIBED DRUGS	69.3	97.2	99.2	100.0	99.9	100.0	100.0
EARLY AND PERIODIC SCREENING	86.5	99.3	99.8	100.0	99.7	99.9	100.0
RURAL HEALTH CLINIC SERVICES	60.4	91.6	97.4	100.0	100.0	100.0	100.0
STERILIZATION SERVICES	39.4	70.6	86.2	100.0	77.1	81.7	99.1
OTHER CARE	64.0	94.2	99.1	100.0	99.5	99.9	100.0
PART A CROSSOVER CLAIMS	25.9	78.8	91.6	100.0	99.9	100.0	100.0
PART B CROSSOVER CLAIMS	39.0	83.1	95.6	100.0	99.9	99.9	100.0

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
GEORGIA

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				FROM DATE RECEIVED ----- TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	77.5	96.4	99.1	99.8	86.5	99.7	99.9
INPATIENT HOSPITAL SERVICES	61.0	89.0	96.4	99.4	85.1	99.6	100.0
MENTAL HOSPITAL SERVICES FOR THE AGED	--	--	--	--	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	--	--	--	--	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	--	--	--	--	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	96.6	98.8	99.8	100.0	100.0	100.0	100.0
ICF SERVICES -- ALL OTHER	96.7	99.1	99.9	100.0	100.0	100.0	100.0
SNF SERVICES	94.6	98.7	99.7	100.0	100.0	100.0	100.0
PHYSICIAN SERVICES	70.7	94.0	98.6	99.9	76.7	99.6	99.8
DENTAL SERVICES	78.7	96.7	99.5	99.9	57.2	98.4	100.0
OTHER PRACTITIONER SERVICES	71.7	94.4	98.3	99.6	66.6	99.0	100.0
OUTPATIENT HOSPITAL SERVICES	72.7	96.4	99.5	99.9	96.0	99.9	100.0
CLINIC SERVICES	51.1	96.2	99.2	99.9	85.4	100.0	100.0
HOME HEALTH SERVICES	89.2	97.8	99.9	100.0	91.7	100.0	100.0
FAMILY PLANNING SERVICES	89.0	97.7	99.3	100.0	91.0	99.9	100.0
LAB AND X-RAY SERVICES	47.2	93.1	99.6	100.0	82.9	99.3	99.9
PRESCRIBED DRUGS	88.2	98.8	99.9	100.0	89.8	100.0	100.0
EARLY AND PERIODIC SCREENING	80.9	95.1	99.3	99.9	83.8	99.7	99.9
RURAL HEALTH CLINIC SERVICES	63.0	84.3	95.8	98.4	71.1	86.6	100.0
STERILIZATION SERVICES	0.2	47.7	80.3	98.5	96.9	99.8	100.0
OTHER CARE	65.9	97.2	99.6	100.0	86.1	99.6	99.9
PART A CROSSOVER CLAIMS	17.1	82.0	93.0	98.2	92.2	99.8	99.9
PART B CROSSOVER CLAIMS	27.5	85.6	94.0	97.6	93.1	98.1	98.6

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
HAWAII

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				FROM DATE RECEIVED ----- TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	76.7	92.8	97.6	99.8	81.6	95.9	98.4
INPATIENT HOSPITAL SERVICES	53.3	81.9	92.1	98.5	75.1	95.0	98.3
MENTAL HOSPITAL SERVICES FOR THE AGED	--	--	--	--	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	--	--	--	--	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	--	--	--	--	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	99.0	99.5	100.0	100.0	58.5	95.7	100.0
ICF SERVICES -- ALL OTHER	83.6	97.3	98.3	100.0	96.6	99.6	99.9
SNF SERVICES	91.5	98.1	99.1	100.0	96.0	99.4	99.9
PHYSICIAN SERVICES	78.0	92.0	97.4	99.7	76.9	95.1	98.2
DENTAL SERVICES	80.7	94.8	98.4	99.9	85.0	96.9	98.8
OTHER PRACTITIONER SERVICES	86.4	96.0	98.3	100.0	82.7	95.6	98.3
OUTPATIENT HOSPITAL SERVICES	50.2	81.8	94.8	99.6	72.5	90.3	94.3
CLINIC SERVICES	--	--	--	--	--	--	--
HOME HEALTH SERVICES	44.3	84.7	97.5	100.0	88.7	93.1	96.1
FAMILY PLANNING SERVICES	86.6	96.8	98.8	100.0	78.4	94.8	98.7
LAB AND X-RAY SERVICES	78.6	91.2	97.0	99.8	77.7	95.6	98.4
PRESCRIBED DRUGS	94.9	98.7	99.6	99.9	88.2	97.3	99.2
EARLY AND PERIODIC SCREENING	60.0	94.5	97.9	99.5	76.4	93.2	95.9
RURAL HEALTH CLINIC SERVICES	86.5	94.7	97.0	99.6	77.2	93.2	97.4
STERILIZATION SERVICES	81.4	95.9	98.4	100.0	76.1	94.2	97.3
OTHER CARE	76.3	92.8	98.6	99.9	83.9	96.9	98.7
PART A CROSSOVER CLAIMS	12.6	71.4	91.3	98.3	82.0	97.5	99.1
PART B CROSSOVER CLAIMS	7.7	78.7	92.4	99.4	79.0	97.1	99.0

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
IDAHO

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				FROM DATE RECEIVED ----- TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	60.0	91.5	96.6	99.3	95.2	97.8	99.0
INPATIENT HOSPITAL SERVICES	64.6	85.4	92.3	97.8	97.2	100.0	100.0
MENTAL HOSPITAL SERVICES FOR THE AGED	--	--	--	--	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	--	--	--	--	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	--	--	--	--	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	89.2	96.6	100.0	100.0	100.0	100.0	100.0
ICF SERVICES -- ALL OTHER	90.9	96.5	98.8	99.9	99.9	100.0	100.0
SNF SERVICES	88.6	97.0	99.9	100.0	100.0	100.0	100.0
PHYSICIAN SERVICES	64.6	88.3	94.3	98.6	90.6	95.1	96.6
DENTAL SERVICES	80.0	95.1	98.7	99.9	99.6	100.0	100.0
OTHER PRACTITIONER SERVICES	66.1	87.1	92.6	98.5	88.4	91.9	93.3
OUTPATIENT HOSPITAL SERVICES	72.4	91.2	96.6	99.3	99.4	99.8	100.0
CLINIC SERVICES	--	--	--	--	--	--	--
HOME HEALTH SERVICES	42.8	79.8	92.6	95.6	88.2	100.0	100.0
FAMILY PLANNING SERVICES	82.0	99.2	99.6	100.0	98.4	99.5	99.9
LAB AND X-RAY SERVICES	62.0	86.5	93.6	98.7	89.4	93.6	95.6
PRESCRIBED DRUGS	71.2	98.0	99.3	99.8	94.5	97.6	99.7
EARLY AND PERIODIC SCREENING	62.9	94.6	98.0	99.9	99.5	100.0	100.0
RURAL HEALTH CLINIC SERVICES	75.6	84.4	88.9	95.6	80.0	100.0	100.0
STERILIZATION SERVICES	24.2	87.9	97.8	100.0	91.2	100.0	100.0
OTHER CARE	36.0	91.6	97.6	99.6	99.4	99.9	100.0
PART A CROSSOVER CLAIMS	5.9	82.3	92.8	98.5	98.8	99.9	100.0
PART B CROSSOVER CLAIMS	2.9	74.3	90.3	98.1	97.3	100.0	100.0

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
IOWA

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				FROM DATE RECEIVED ----- TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	64.4	90.8	96.0	99.2	82.6	96.5	99.6
INPATIENT HOSPITAL SERVICES	67.1	89.5	95.3	99.4	86.7	95.0	99.0
MENTAL HOSPITAL SERVICES FOR THE AGED	33.3	83.3	100.0	100.0	100.0	100.0	100.0
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	--	--	--	--	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	0.0	100.0	100.0	100.0	100.0	100.0	100.0
ICF SERVICES FOR THE MENTALLY RETARDED	91.0	99.6	99.9	100.0	100.0	100.0	100.0
ICF SERVICES -- ALL OTHER	91.1	98.9	99.5	99.7	100.0	100.0	100.0
SNF SERVICES	58.5	80.0	87.7	100.0	70.8	90.8	100.0
PHYSICIAN SERVICES	46.7	82.2	92.2	98.5	64.6	89.4	98.5
DENTAL SERVICES	76.3	94.6	98.0	99.8	87.0	99.4	100.0
OTHER PRACTITIONER SERVICES	60.0	92.2	96.7	99.3	60.2	93.6	99.9
OUTPATIENT HOSPITAL SERVICES	60.9	85.8	92.8	98.6	83.4	97.3	99.5
CLINIC SERVICES	16.6	78.5	92.5	99.2	68.6	91.7	99.7
HOME HEALTH SERVICES	55.6	91.5	97.9	100.0	93.8	100.0	100.0
FAMILY PLANNING SERVICES	71.2	91.9	96.6	99.5	86.8	98.0	100.0
LAB AND X-RAY SERVICES	56.7	81.0	91.4	99.4	87.6	99.5	100.0
PRESCRIBED DRUGS	76.9	96.6	98.7	99.8	95.1	99.8	100.0
EARLY AND PERIODIC SCREENING	64.0	88.2	93.8	100.0	83.0	99.9	100.0
RURAL HEALTH CLINIC SERVICES	20.8	64.7	77.8	100.0	26.6	97.1	97.6
STERILIZATION SERVICES	35.5	86.6	94.7	98.3	71.1	93.4	100.0
OTHER CARE	52.8	83.6	92.8	98.7	55.3	97.6	98.6
PART A CROSSOVER CLAIMS	15.7	74.6	87.5	96.6	88.6	99.2	100.0
PART B CROSSOVER CLAIMS	21.9	78.4	90.2	97.5	98.0	100.0	100.0

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
KANSAS

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				----- FROM DATE RECEIVED TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	80.1	95.8	99.5	99.9	99.6	100.0	100.0
INPATIENT HOSPITAL SERVICES	53.8	86.5	94.1	96.6	99.9	100.0	100.0
MENTAL HOSPITAL SERVICES FOR THE AGED	0.0	87.5	95.0	95.0	100.0	100.0	100.0
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	--	--	--	--	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	8.2	76.4	88.2	93.1	100.0	100.0	100.0
ICF SERVICES FOR THE MENTALLY RETARDED	72.3	99.7	100.0	100.0	100.0	100.0	100.0
ICF SERVICES -- ALL OTHER	96.6	99.6	100.0	100.0	100.0	100.0	100.0
SNF SERVICES	85.8	97.0	100.0	100.0	100.0	100.0	100.0
PHYSICIAN SERVICES	74.3	94.2	99.3	99.9	98.8	100.0	100.0
DENTAL SERVICES	87.5	97.2	99.7	100.0	99.9	100.0	100.0
OTHER PRACTITIONER SERVICES	72.2	94.5	99.2	99.9	98.8	100.0	100.0
OUTPATIENT HOSPITAL SERVICES	70.5	94.4	99.3	100.0	100.0	100.0	100.0
CLINIC SERVICES	55.5	92.3	99.1	99.6	98.9	100.0	100.0
HOME HEALTH SERVICES	55.2	84.6	96.9	99.0	99.5	100.0	100.0
FAMILY PLANNING SERVICES	78.3	95.6	99.8	100.0	98.6	100.0	100.0
LAB AND X-RAY SERVICES	75.3	93.5	99.0	100.0	98.6	100.0	100.0
PRESCRIBED DRUGS	89.3	98.0	99.9	100.0	100.0	100.0	100.0
EARLY AND PERIODIC SCREENING	76.2	97.4	99.8	100.0	100.0	100.0	100.0
RURAL HEALTH CLINIC SERVICES	100.0	100.0	100.0	100.0	100.0	100.0	100.0
STERILIZATION SERVICES	34.3	78.3	96.7	98.8	87.7	100.0	100.0
OTHER CARE	59.9	93.5	98.4	99.6	95.4	100.0	100.0
PART A CROSSOVER CLAIMS	22.5	84.4	97.6	99.7	100.0	100.0	100.0
PART B CROSSOVER CLAIMS	41.1	84.1	97.2	99.7	100.0	100.0	100.0

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
MAINE

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				FROM DATE RECEIVED ----- TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	78.1	94.8	98.2	100.0	99.1	99.9	99.9
INPATIENT HOSPITAL SERVICES	56.2	81.9	94.8	100.0	97.7	99.8	99.9
MENTAL HOSPITAL SERVICES FOR THE AGED	--	--	--	--	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	--	--	--	--	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	--	--	--	--	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	49.5	97.9	100.0	100.0	100.0	100.0	100.0
ICF SERVICES -- ALL OTHER	95.4	99.5	100.0	100.0	99.9	100.0	100.0
SNF SERVICES	66.8	91.6	96.5	100.0	96.5	99.5	100.0
PHYSICIAN SERVICES	72.6	92.5	97.1	100.0	98.4	99.8	99.9
DENTAL SERVICES	81.0	96.1	99.0	100.0	99.4	99.9	99.9
OTHER PRACTITIONER SERVICES	76.9	95.4	98.5	100.0	98.5	100.0	100.0
OUTPATIENT HOSPITAL SERVICES	71.3	91.6	96.9	100.0	98.8	99.9	99.9
CLINIC SERVICES	39.6	93.8	98.5	100.0	97.4	99.3	99.3
HOME HEALTH SERVICES	60.9	92.2	97.9	100.0	95.0	99.0	99.0
FAMILY PLANNING SERVICES	51.6	99.1	99.6	100.0	98.2	100.0	100.0
LAB AND X-RAY SERVICES	27.1	88.4	97.8	100.0	95.7	99.6	99.6
PRESCRIBED DRUGS	88.8	98.4	99.6	100.0	99.7	100.0	100.0
EARLY AND PERIODIC SCREENING	--	--	--	--	--	--	--
RURAL HEALTH CLINIC SERVICES	79.9	95.0	98.5	100.0	99.2	99.8	99.9
STERILIZATION SERVICES	--	--	--	--	--	--	--
OTHER CARE	60.7	86.2	94.7	100.0	88.9	99.1	99.3
PART A CROSSOVER CLAIMS	40.9	69.6	87.8	100.0	97.5	99.6	99.6
PART B CROSSOVER CLAIMS	32.4	85.1	94.4	100.0	98.6	99.9	99.9

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
MISSISSIPPI

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				FROM DATE RECEIVED ----- TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	81.9	95.9	98.6	99.5	93.8	97.6	99.2
INPATIENT HOSPITAL SERVICES	66.3	81.2	90.8	96.8	90.2	97.4	99.8
MENTAL HOSPITAL SERVICES FOR THE AGED	--	--	--	--	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	--	--	--	--	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	--	--	--	--	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	90.0	94.7	97.7	99.6	96.2	98.7	99.8
ICF SERVICES -- ALL OTHER	91.5	96.3	98.4	99.5	99.1	99.6	100.0
SNF SERVICES	90.6	96.5	97.8	98.7	98.4	99.1	100.0
PHYSICIAN SERVICES	81.8	94.5	98.2	99.3	92.3	97.5	99.6
DENTAL SERVICES	77.4	93.2	97.7	99.4	94.8	99.1	100.0
OTHER PRACTITIONER SERVICES	78.0	97.3	99.3	99.9	80.6	99.2	99.8
OUTPATIENT HOSPITAL SERVICES	80.1	95.1	98.5	99.5	91.6	97.9	99.7
CLINIC SERVICES	--	--	--	--	--	--	--
HOME HEALTH SERVICES	70.3	88.0	95.1	97.2	86.9	97.9	100.0
FAMILY PLANNING SERVICES	34.3	94.2	99.4	99.9	91.7	95.1	99.9
LAB AND X-RAY SERVICES	56.7	91.9	97.6	99.2	83.9	89.8	93.8
PRESCRIBED DRUGS	93.1	98.8	99.9	100.0	93.2	97.0	98.8
EARLY AND PERIODIC SCREENING	86.4	98.8	99.7	99.7	97.7	99.0	99.8
RURAL HEALTH CLINIC SERVICES	92.3	97.0	97.8	99.8	92.5	98.3	99.8
STERILIZATION SERVICES	--	--	--	--	--	--	--
OTHER CARE	94.4	97.4	98.8	99.6	93.1	98.5	99.7
PART A CROSSOVER CLAIMS	46.8	86.6	95.3	98.0	95.2	97.8	99.9
PART B CROSSOVER CLAIMS	52.5	91.3	96.5	98.6	97.5	99.4	100.0

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
MISSOURI

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				FROM DATE RECEIVED ----- TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	67.7	90.8	97.0	99.7	98.7	99.0	99.2
INPATIENT HOSPITAL SERVICES	41.4	71.1	90.2	99.4	98.0	98.3	98.7
MENTAL HOSPITAL SERVICES FOR THE AGED	--	--	--	--	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	--	--	--	--	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	--	--	--	--	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	80.0	91.6	95.6	96.4	99.8	99.8	99.9
ICF SERVICES -- ALL OTHER	90.1	96.6	98.5	99.6	97.7	98.0	98.5
SNF SERVICES	80.0	92.4	96.8	99.3	93.9	94.1	96.3
PHYSICIAN SERVICES	56.4	85.4	94.8	99.7	98.8	99.6	99.7
DENTAL SERVICES	55.9	85.1	94.3	98.9	93.8	94.6	94.8
OTHER PRACTITIONER SERVICES	73.3	94.7	98.7	99.9	99.3	99.7	99.9
OUTPATIENT HOSPITAL SERVICES	47.3	84.5	95.4	99.8	98.2	99.4	99.5
CLINIC SERVICES	56.0	82.9	94.4	99.7	99.0	99.2	99.7
HOME HEALTH SERVICES	15.6	73.1	91.9	99.9	97.7	98.1	98.1
FAMILY PLANNING SERVICES	74.1	92.4	97.4	100.0	98.7	99.6	99.6
LAB AND X-RAY SERVICES	49.8	84.2	94.2	99.8	99.3	99.7	99.7
PRESCRIBED DRUGS	87.9	97.5	99.3	100.0	99.7	99.8	99.8
EARLY AND PERIODIC SCREENING	58.6	91.8	97.3	100.0	99.9	100.0	100.0
RURAL HEALTH CLINIC SERVICES	--	--	--	--	--	--	--
STERILIZATION SERVICES	48.6	78.0	90.0	99.4	84.0	99.7	99.7
OTHER CARE	46.4	78.5	91.7	99.3	96.5	97.1	97.3
PART A CROSSOVER CLAIMS	18.3	69.8	89.1	98.0	98.2	98.4	98.8
PART B CROSSOVER CLAIMS	23.1	85.0	95.7	99.2	99.8	99.9	99.9

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
MONTANA

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				FROM DATE RECEIVED ----- TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	51.3	88.3	96.6	99.5	91.4	96.5	97.8
INPATIENT HOSPITAL SERVICES	59.9	82.3	92.3	97.4	79.9	91.6	95.4
MENTAL HOSPITAL SERVICES FOR THE AGED	--	--	--	--	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	5.6	100.0	100.0	100.0	94.4	94.4	100.0
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	--	--	--	--	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	--	--	--	--	--	--	--
ICF SERVICES -- ALL OTHER	45.3	96.5	97.9	99.8	98.1	98.7	98.9
SNF SERVICES	45.8	99.5	100.0	100.0	99.0	99.0	99.0
PHYSICIAN SERVICES	50.6	84.4	94.5	99.3	89.6	95.7	97.0
DENTAL SERVICES	69.0	91.7	98.6	100.0	86.8	94.5	96.5
OTHER PRACTITIONER SERVICES	68.4	92.6	98.1	99.5	81.4	93.5	96.8
OUTPATIENT HOSPITAL SERVICES	68.9	89.0	96.2	99.5	82.9	90.5	93.9
CLINIC SERVICES	5.6	75.1	84.4	99.9	78.9	88.5	97.0
HOME HEALTH SERVICES	27.8	94.9	99.6	100.0	86.0	93.6	95.3
FAMILY PLANNING SERVICES	57.5	94.6	96.6	99.6	98.4	99.3	99.6
LAB AND X-RAY SERVICES	57.6	86.0	96.3	99.8	78.0	88.1	88.9
PRESCRIBED DRUGS	53.4	96.3	98.9	99.9	96.4	98.8	99.4
EARLY AND PERIODIC SCREENING	--	--	--	--	--	--	--
RURAL HEALTH CLINIC SERVICES	--	--	--	--	--	--	--
STERILIZATION SERVICES	87.5	93.8	93.8	93.8	12.5	12.5	25.0
OTHER CARE	37.4	84.8	96.2	99.5	87.5	93.0	96.9
PART A CROSSOVER CLAIMS	11.8	69.4	86.3	97.6	90.6	98.4	98.4
PART B CROSSOVER CLAIMS	1.3	47.2	88.3	98.0	92.2	98.6	98.9

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
NEBRASKA

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				FROM DATE RECEIVED ----- TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	72.8	92.6	97.5	99.5	86.0	91.9	94.9
INPATIENT HOSPITAL SERVICES	58.0	88.9	96.4	99.4	73.6	89.8	95.9
MENTAL HOSPITAL SERVICES FOR THE AGED	7.9	92.1	97.4	100.0	92.1	97.4	97.4
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	--	--	--	--	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	27.5	54.9	74.5	99.0	88.2	99.0	99.0
ICF SERVICES FOR THE MENTALLY RETARDED	27.1	99.9	100.0	100.0	99.9	100.0	100.0
ICF SERVICES -- ALL OTHER	96.6	99.6	99.9	100.0	99.7	99.9	100.0
SNF SERVICES	89.5	98.0	99.3	100.0	99.1	100.0	100.0
PHYSICIAN SERVICES	51.0	83.2	93.6	98.9	52.6	67.7	79.1
DENTAL SERVICES	42.9	79.2	94.8	99.6	94.7	97.5	99.0
OTHER PRACTITIONER SERVICES	71.6	92.3	96.9	99.2	49.1	75.3	87.7
OUTPATIENT HOSPITAL SERVICES	70.1	90.9	97.9	99.8	79.4	95.6	97.2
CLINIC SERVICES	24.9	76.8	90.8	99.4	42.7	61.2	76.6
HOME HEALTH SERVICES	25.6	90.5	99.1	99.9	78.8	97.5	99.2
FAMILY PLANNING SERVICES	87.2	95.7	99.0	99.8	96.1	98.1	98.4
LAB AND X-RAY SERVICES	55.2	81.5	93.7	99.0	36.9	58.0	66.3
PRESCRIBED DRUGS	88.8	98.4	99.5	99.7	98.5	100.0	100.0
EARLY AND PERIODIC SCREENING	76.0	97.4	98.7	99.9	92.7	99.9	100.0
RURAL HEALTH CLINIC SERVICES	--	--	--	--	--	--	--
STERILIZATION SERVICES	34.0	59.6	77.7	96.8	31.9	44.7	61.7
OTHER CARE	56.6	81.2	92.6	98.5	36.2	68.6	83.8
PART A CROSSOVER CLAIMS	35.4	85.4	95.9	99.3	99.5	99.9	100.0
PART B CROSSOVER CLAIMS	26.7	77.1	94.4	98.9	97.9	99.9	99.9

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
NEVADA

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				----- FROM DATE RECEIVED TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	52.7	80.7	92.1	98.2	98.2	98.7	99.2
INPATIENT HOSPITAL SERVICES	45.0	70.9	83.5	97.5	94.9	96.7	98.7
MENTAL HOSPITAL SERVICES FOR THE AGED	66.7	100.0	100.0	100.0	100.0	100.0	100.0
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	--	--	--	--	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	--	--	--	--	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	58.1	95.6	99.3	100.0	100.0	100.0	100.0
ICF SERVICES -- ALL OTHER	75.7	93.2	98.0	99.9	99.9	100.0	100.0
SNF SERVICES	52.9	88.2	94.1	100.0	100.0	100.0	100.0
PHYSICIAN SERVICES	56.9	78.0	89.1	97.0	95.9	97.0	98.0
DENTAL SERVICES	55.4	85.9	94.9	99.5	99.5	99.5	99.8
OTHER PRACTITIONER SERVICES	59.7	90.6	95.4	97.9	98.8	99.0	99.1
OUTPATIENT HOSPITAL SERVICES	58.2	79.0	88.9	97.6	97.9	98.8	99.5
CLINIC SERVICES	53.2	83.9	94.6	97.9	97.9	99.6	99.6
HOME HEALTH SERVICES	68.6	95.7	99.7	100.0	100.0	100.0	100.0
FAMILY PLANNING SERVICES	64.7	98.6	99.2	100.0	98.4	99.6	99.6
LAB AND X-RAY SERVICES	55.5	92.7	95.4	99.2	98.7	98.7	98.7
PRESCRIBED DRUGS	80.6	97.6	99.7	100.0	99.8	99.9	99.9
EARLY AND PERIODIC SCREENING	94.9	98.8	100.0	100.0	99.4	99.8	99.8
RURAL HEALTH CLINIC SERVICES	100.0	100.0	100.0	100.0	100.0	100.0	100.0
STERILIZATION SERVICES	24.6	82.0	90.2	100.0	60.7	90.2	90.2
OTHER CARE	61.1	85.2	94.5	99.7	98.6	98.6	99.7
PART A CROSSOVER CLAIMS	4.0	59.9	87.3	98.4	98.8	98.8	99.1
PART B CROSSOVER CLAIMS	7.2	58.3	85 1	96.8	98.3	98.6	99.4

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
NEW HAMPSHIRE
(SEE TECHNICAL NOTES)

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				FROM DATE RECEIVED ----- TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	65.0	88.1	96.1	99.7	98.7	100.0	100.0
INPATIENT HOSPITAL SERVICES	43.8	73.0	87.4	98.7	89.1	100.0	100.0
MENTAL HOSPITAL SERVICES FOR THE AGED	--	--	--	--	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	97.6	99.4	99.4	100.0	100.0	100.0	100.0
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	**	**	**	**	**	**	**
ICF SERVICES FOR THE MENTALLY RETARDED	99.7	99.7	100.0	100.0	100.0	100.0	100.0
ICF SERVICES -- ALL OTHER	94.7	98.6	99.7	100.0	99.9	100.0	100.0
SNF SERVICES	62.5	87.5	93.8	93.8	100.0	100.0	100.0
PHYSICIAN SERVICES	54.8	82.3	93.7	99.4	97.7	100.0	100.0
DENTAL SERVICES	52.9	88.3	96.8	99.8	100.0	100.0	100.0
OTHER PRACTITIONER SERVICES	71.8	95.6	98.6	99.9	99.4	100.0	100.0
OUTPATIENT HOSPITAL SERVICES	64.5	84.7	94.7	99.6	96.8	100.0	100.0
CLINIC SERVICES	9.9	49.4	81.9	99.6	99.0	100.0	100.0
HOME HEALTH SERVICES	67.2	91.3	96.5	100.0	95.4	100.0	100.0
FAMILY PLANNING SERVICES	76.1	95.0	98.3	99.9	98.6	100.0	100.0
LAB AND X-RAY SERVICES	41.5	81.2	90.9	99.2	99.1	100.0	100.0
PRESCRIBED DRUGS	84.1	96.4	99.5	100.0	99.4	100.0	100.0
EARLY AND PERIODIC SCREENING	60.9	89.4	97.0	100.0	96.2	100.0	100.0
RURAL HEALTH CLINIC SERVICES	72.7	97.0	97.0	100.0	90.9	100.0	100.0
STERILIZATION SERVICES	5.6	56.3	88.7	95.8	73.2	100.0	100.0
OTHER CARE	72.9	88.5	97.2	99.6	99.1	100.0	100.0
PART A CROSSOVER CLAIMS	**	**	**	**	**	**	**
PART B CROSSOVER CLAIMS	**	**	**	**	**	**	**

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
NEW JERSEY

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				----- FROM DATE RECEIVED TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	83.9	97.2	99.2	99.9	95.2	98.6	99.4
INPATIENT HOSPITAL SERVICES	67.7	89.5	96.2	99.1	96.2	99.2	99.7
MENTAL HOSPITAL SERVICES FOR THE AGED	100.0	100.0	100.0	100.0	100.0	100.0	100.0
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	--	--	--	--	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	100.0	100.0	100.0	100.0	100.0	100.0	100.0
ICF SERVICES FOR THE MENTALLY RETARDED	100.0	100.0	100.0	100.0	100.0	100.0	100.0
ICF SERVICES -- ALL OTHER	100.0	100.0	100.0	100.0	100.0	100.0	100.0
SNF SERVICES	100.0	100.0	100.0	100.0	100.0	100.0	100.0
PHYSICIAN SERVICES	81.7	97.5	99.2	99.9	99.2	99.7	99.9
DENTAL SERVICES	61.1	91.7	98.3	99.8	100.0	100.0	100.0
OTHER PRACTITIONER SERVICES	79.8	97.4	99.4	99.9	99.4	99.8	99.9
OUTPATIENT HOSPITAL SERVICES	60.1	85.7	94.5	99.9	99.2	99.8	99.9
CLINIC SERVICES	66.2	92.2	92.2	94.1	100.0	100.0	100.0
HOME HEALTH SERVICES	43.2	90.2	97.3	99.8	99.1	99.9	100.0
FAMILY PLANNING SERVICES	81.2	98.0	99.4	99.9	99.6	99.9	100.0
LAB AND X-RAY SERVICES	46.9	97.2	99.0	99.9	99.5	99.9	99.9
PRESCRIBED DRUGS	100.0	100.0	100.0	100.0	89.9	96.9	98.7
EARLY AND PERIODIC SCREENING	79.6	97.0	98.4	99.6	98.1	99.3	99.8
RURAL HEALTH CLINIC SERVICES	--	--	--	--	--	--	--
STERILIZATION SERVICES	52.9	91.3	97.4	99.2	93.2	96.1	96.8
OTHER CARE	74.7	97.8	99.5	99.9	99.3	99.8	99.9
PART A CROSSOVER CLAIMS	32.9	71.5	90.6	97.6	97.7	99.6	99.9
PART B CROSSOVER CLAIMS	39.6	84.6	95.5	99.1	98.5	99.6	100.0

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
NORTH CAROLINA

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				----- FROM DATE RECEIVED TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	68.6	93.4	97.7	99.7	90.7	98.9	99.4
INPATIENT HOSPITAL SERVICES	47.5	76.9	91.7	99.2	87.9	98.7	99.6
MENTAL HOSPITAL SERVICES FOR THE AGED	69.5	94.1	97.3	100.0	84.0	98.4	99.5
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	--	--	--	--	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	50.9	80.7	87.7	100.0	78.9	91.2	96.5
ICF SERVICES FOR THE MENTALLY RETARDED	89.5	94.6	97.8	100.0	96.9	99.5	99.6
ICF SERVICES -- ALL OTHER	94.4	98.3	99.4	99.9	97.0	99.3	99.7
SNF SERVICES	88.3	96.0	98.4	99.9	93.8	98.6	99.5
PHYSICIAN SERVICES	61.9	88.2	95.3	99.6	80.1	96.6	98.2
DENTAL SERVICES	85.0	95.4	98.0	99.8	86.6	99.0	99.3
OTHER PRACTITIONER SERVICES	72.6	94.4	98.7	100.0	84.8	97.4	99.0
OUTPATIENT HOSPITAL SERVICES	60.5	90.5	96.5	99.9	89.0	98.7	99.6
CLINIC SERVICES	35.7	86.0	96.0	99.7	84.7	98.6	99.2
HOME HEALTH SERVICES	64.5	93.3	97.5	99.9	92.4	99.5	99.6
FAMILY PLANNING SERVICES	36.7	97.5	99.1	100.0	98.0	99.9	100.0
LAB AND X-RAY SERVICES	50.5	80.5	93.2	99.2	84.5	97.2	98.0
PRESCRIBED DRUGS	80.6	98.5	99.7	99.9	95.8	99.7	99.9
EARLY AND PERIODIC SCREENING	31.1	89.7	96.1	99.5	99.3	100.0	100.0
RURAL HEALTH CLINIC SERVICES	67.3	94.4	96.4	100.0	86.3	99.3	99.7
STERILIZATION SERVICES	50.4	82.6	92.4	99.3	9.6	94.1	99.8
OTHER CARE	65.1	93.4	98.2	99.8	83.9	99.6	99.9
PART A CROSSOVER CLAIMS	24.9	83.3	93.9	98.9	85.2	97.5	99.4
PART B CROSSOVER CLAIMS	20.0	81.4	94.2	98.8	98.6	99.1	99.3

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
NORTH DAKOTA

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				----- FROM DATE RECEIVED TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	40.1	84.8	95.0	99.4	85.4	99.3	99.8
INPATIENT HOSPITAL SERVICES	20.5	70.1	90.0	98.7	80.3	99.4	99.6
MENTAL HOSPITAL SERVICES FOR THE AGED	89.3	95.5	99.1	100.0	93.8	98.2	98.2
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	--	--	--	--	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	44.4	66.7	81.5	88.9	100.0	100.0	100.0
ICF SERVICES FOR THE MENTALLY RETARDED	--	--	--	--	--	--	--
ICF SERVICES -- ALL OTHER	99.1	99.9	100.0	100.0	99.6	99.9	100.0
SNF SERVICES	98.4	99.6	99.9	100.0	99.6	100.0	100.0
PHYSICIAN SERVICES	19.7	67.8	89.0	98.9	73.9	98.2	99.5
DENTAL SERVICES	69.4	94.5	97.4	99.1	64.9	99.3	99.5
OTHER PRACTITIONER SERVICES	50.4	91.5	97.9	99.7	70.6	99.0	99.7
OUTPATIENT HOSPITAL SERVICES	36.8	79.9	91.0	99.2	84.4	99.8	99.9
CLINIC SERVICES	7.6	85.0	93.9	99.9	95.3	99.8	100.0
HOME HEALTH SERVICES	82.5	100.0	100.0	100.0	100.0	100.0	100.0
FAMILY PLANNING SERVICES	100.0	100.0	100.0	100.0	0.0	100.0	100.0
LAB AND X-RAY SERVICES	17.8	68.3	90.9	99.3	82.5	98.7	99.5
PRESCRIBED DRUGS	44.8	93.2	98.5	99.9	93.9	99.9	100.0
EARLY AND PERIODIC SCREENING	--	--	--	--	--	--	--
RURAL HEALTH CLINIC SERVICES	--	--	--	--	--	--	--
STERILIZATION SERVICES	35.7	42.9	64.3	100.0	0.0	100.0	100.0
OTHER CARE	41.5	66.5	86.3	97.5	81.4	95.4	96.4
PART A CROSSOVER CLAIMS	13.5	63.5	81.4	97.0	86.7	100.0	100.0
PART B CROSSOVER CLAIMS	10.1	69.4	88.9	97.9	92.5	99.5	99.8

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
OHIO

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				FROM DATE RECEIVED ----- TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR [illegible]	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	60.8	88.3	95.1	98.9	[illegible]	95.9	99.6
INPATIENT HOSPITAL SERVICES	40.0	78.6	89.7	97.2	71.1	97.0	100.0
MENTAL HOSPITAL SERVICES FOR THE AGED	86.8	94.7	98.2	100.0	100.0	100.0	100.0
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	--	--	--	--	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	51.9	73.1	86.5	100.0	100.0	100.0	100.0
ICF SERVICES FOR THE MENTALLY RETARDED	100.0	100.0	100.0	100.0	100.0	100.0	100.0
ICF SERVICES -- ALL OTHER	100.0	100.0	100.0	100.0	100.0	100.0	100.0
SNF SERVICES	100.0	100.0	100.0	100.0	100.0	100.0	100.0
PHYSICIAN SERVICES	48.7	79.3	90.6	97.6	64.0	94.4	98.6
DENTAL SERVICES	77.5	92.7	96.5	98.4	31.0	91.2	99.8
OTHER PRACTITIONER SERVICES	61.5	90.1	96.1	99.2	9.6	86.5	98.9
OUTPATIENT HOSPITAL SERVICES	45.8	87.7	94.9	99.2	79.2	93.0	100.0
CLINIC SERVICES	26.3	85.1	95.2	99.3	67.0	98.6	99.6
HOME HEALTH SERVICES	31.0	80.7	96.2	99.8	0.0	95.3	99.8
FAMILY PLANNING SERVICES	34.5	71.2	89.2	99.6	76.2	96.3	99.9
LAB AND X-RAY SERVICES	28.7	66.0	80.8	97.5	9.8	81.7	99.6
PRESCRIBED DRUGS	75.3	94.6	98.2	99.7	82.0	99.8	100.0
EARLY AND PERIODIC SCREENING	40.6	73.9	92.6	99.3	9.0	76.5	98.4
RURAL HEALTH CLINIC SERVICES	--	--	--	--	--	--	--
STERILIZATION SERVICES	9.4	57.2	71.2	92.3	99.7	99.7	99.7
OTHER CARE	33.8	70.4	88.6	95.7	2.9	89.2	99.4
PART A CROSSOVER CLAIMS	29.8	72.8	85.9	96.1	84.5	97.4	99.6
PART B CROSSOVER CLAIMS	16.8	79.1	91.8	97.5	96.6	99.1	100.0

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
PUERTO RICO
(SEE TECHNICAL NOTES)

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				----- FROM DATE RECEIVED TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	31.2	94.7	99.3	100.0	**	**	**
INPATIENT HOSPITAL SERVICES	10.5	69.2	84.9	98.5	**	**	**
MENTAL HOSPITAL SERVICES FOR THE AGED	--	--	--	--	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	--	--	--	--	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	--	--	--	--	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	--	--	--	--	--	--	--
ICF SERVICES -- ALL OTHER	--	--	--	--	--	--	--
SNF SERVICES	--	--	--	--	--	--	--
PHYSICIAN SERVICES	--	--	--	--	--	--	--
DENTAL SERVICES	--	--	--	--	--	--	--
OTHER PRACTITIONER SERVICES	--	--	--	--	--	--	--
OUTPATIENT HOSPITAL SERVICES	31.6	95.2	99.6	100.0	**	**	**
CLINIC SERVICES	--	--	--	--	--	--	--
HOME HEALTH SERVICES	--	--	--	--	--	--	--
FAMILY PLANNING SERVICES	--	--	--	--	--	--	--
LAB AND X-RAY SERVICES	--	--	--	--	--	--	--
PRESCRIBED DRUGS	--	--	--	--	--	--	--
EARLY AND PERIODIC SCREENING	--	--	--	--	--	--	--
RURAL HEALTH CLINIC SERVICES	--	--	--	--	--	--	--
STERILIZATION SERVICES	--	--	--	--	--	--	--
OTHER CARE	--	--	--	--	--	--	--
PART A CROSSOVER CLAIMS	--	--	--	--	--	--	--
PART B CROSSOVER CLAIMS	--	--	--	--	--	--	--

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
SOUTH DAKOTA

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				FROM DATE RECEIVED ----- TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	58.2	88.0	97.5	99.7	79.7	94.9	97.8
INPATIENT HOSPITAL SERVICES	55.4	86.2	93.4	98.3	30.8	67.1	90.3
MENTAL HOSPITAL SERVICES FOR THE AGED	--	--	--	--	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	96.0	100.0	100.0	100.0	97.6	98.4	98.4
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	--	--	--	--	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	97.3	100.0	100.0	100.0	99.7	99.7	99.8
ICF SERVICES -- ALL OTHER	94.9	99.5	99.9	100.0	96.3	97.6	98.3
SNF SERVICES	90.4	97.6	99.0	100.0	94.3	94.9	98.0
PHYSICIAN SERVICES	47.5	85.9	95.8	99.5	61.5	88.5	94.2
DENTAL SERVICES	64.2	88.1	96.4	99.9	61.5	84.3	95.7
OTHER PRACTITIONER SERVICES	68.0	95.1	99.0	99.9	67.8	97.7	99.0
OUTPATIENT HOSPITAL SERVICES	48.1	84.8	92.3	99.9	77.4	97.5	99.1
CLINIC SERVICES	23.7	94.3	99.2	99.5	47.9	100.0	100.0
HOME HEALTH SERVICES	--	--	--	--	--	--	--
FAMILY PLANNING SERVICES	74.3	96.9	99.3	99.7	53.8	93.2	98.6
LAB AND X-RAY SERVICES	51.4	73.1	92.1	100.0	70.4	90.5	95.0
PRESCRIBED DRUGS	79.8	95.5	99.2	99.8	91.0	98.2	99.4
EARLY AND PERIODIC SCREENING	57.7	89.2	97.9	99.5	36.6	96.6	98.2
RURAL HEALTH CLINIC SERVICES	74.2	94.4	99.6	100.0	71.2	99.1	99.1
STERILIZATION SERVICES	100.0	100.0	100.0	100.0	0.0	66.7	100.0
OTHER CARE	71.8	93.3	94.2	98.4	58.9	97.0	98.4
PART A CROSSOVER CLAIMS	35.7	74.4	92.2	100.0	94.6	100.0	100.0
PART B CROSSOVER CLAIMS	1.2	62.0	96.7	99.9	99.8	99.9	99.9

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
TENNESSEE

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				FROM DATE RECEIVED ----- TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	70.5	93.4	97.7	99.7	99.8	100.0	100.0
INPATIENT HOSPITAL SERVICES	50.0	80.0	92.4	99.1	99.9	100.0	100.0
MENTAL HOSPITAL SERVICES FOR THE AGED	--	--	--	--	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	83.5	93.6	97.4	100.0	100.0	100.0	100.0
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	19.9	49.5	64.8	98.0	100.0	100.0	100.0
ICF SERVICES FOR THE MENTALLY RETARDED	88.6	96.6	98.6	99.8	100.0	100.0	100.0
ICF SERVICES -- ALL OTHER	89.2	97.5	99.4	99.9	99.9	100.0	100.0
SNF SERVICES	64.6	88.0	95.3	98.3	100.0	100.0	100.0
PHYSICIAN SERVICES	69.0	91.1	97.0	99.7	99.1	100.0	100.0
DENTAL SERVICES	79.4	94.2	97.8	99.8	99.8	100.0	100.0
OTHER PRACTITIONER SERVICES	82.0	97.6	99.0	100.0	99.9	100.0	100.0
OUTPATIENT HOSPITAL SERVICES	60.6	84.4	92.6	99.8	100.0	100.0	100.0
CLINIC SERVICES	62.2	92.7	97.3	99.9	99.9	100.0	100.0
HOME HEALTH SERVICES	60.1	86.3	96.0	99.3	99.9	100.0	100.0
FAMILY PLANNING SERVICES	38.5	97.2	99.5	100.0	100.0	100.0	100.0
LAB AND X-RAY SERVICES	49.2	82.1	91.2	99.6	96.0	99.9	100.0
PRESCRIBED DRUGS	85.5	97.9	99.5	99.9	100.0	100.0	100.0
EARLY AND PERIODIC SCREENING	80.4	96.8	99.1	100.0	100.0	100.0	100.0
RURAL HEALTH CLINIC SERVICES	--	--	--	--	--	--	--
STERILIZATION SERVICES	38.6	75.5	91.4	99.0	99.7	100.0	100.0
OTHER CARE	52.6	75.9	92.5	100.0	97.0	100.0	100.0
PART A CROSSOVER CLAIMS	34.8	83.7	93.8	98.0	100.0	100.0	100.0
PART B CROSSOVER CLAIMS	5.2	80.2	93.9	98.8	100.0	100.0	100.0

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
TEXAS

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				----- FROM DATE RECEIVED TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	70.7	96.1	98.6	99.7	96.6	97.9	99.9
INPATIENT HOSPITAL SERVICES	37.5	94.2	97.6	99.5	96.2	98.9	99.7
MENTAL HOSPITAL SERVICES FOR THE AGED	--	--	--	--	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	--	--	--	--	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	--	--	--	--	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	58.5	88.7	95.6	99.0	100.0	100.0	100.0
ICF SERVICES -- ALL OTHER	48.3	95.5	98.5	99.5	100.0	100.0	100.0
SNF SERVICES	41.0	92.1	98.1	99.6	100.0	100.0	100.0
PHYSICIAN SERVICES	73.0	96.0	98.8	99.6	96.8	99.3	99.7
DENTAL SERVICES	79.8	94.4	99.7	100.0	97.8	100.0	100.0
OTHER PRACTITIONER SERVICES	81.4	98.0	99.8	100.0	96.5	98.9	99.5
OUTPATIENT HOSPITAL SERVICES	56.4	97.6	99.3	99.8	99.1	99.8	99.9
CLINIC SERVICES	--	--	--	--	--	--	--
HOME HEALTH SERVICES	2.5	89.1	98.8	99.5	99.8	100.0	100.0
FAMILY PLANNING SERVICES	38.8	97.9	99.4	99.6	98.4	99.8	99.9
LAB AND X-RAY SERVICES	74.0	97.0	98.4	99.1	99.0	99.8	99.8
PRESCRIBED DRUGS	83.5	100.0	100.0	100.0	95.0	95.6	100.0
EARLY AND PERIODIC SCREENING	76.3	96.6	99.1	100.0	99.7	100.0	100.0
RURAL HEALTH CLINIC SERVICES	21.0	98.9	100.0	100.0	97.0	97.0	98.5
STERILIZATION SERVICES	53.5	92.4	97.8	99.9	87.7	98.4	99.8
OTHER CARE	58.5	88.7	96.7	99.9	95.8	98.0	99.1
PART A CROSSOVER CLAIMS	19.5	62.1	80.7	97.5	97.5	99.6	99.8
PART B CROSSOVER CLAIMS	27.6	73.6	88.2	98.3	99.6	99.9	100.0

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
UTAH

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				FROM DATE RECEIVED ----- TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	61.4	90.3	98.3	99.9	95.9	99.1	99.8
INPATIENT HOSPITAL SERVICES	58.6	84.7	95.5	99.8	95.7	99.3	99.6
MENTAL HOSPITAL SERVICES FOR THE AGED	77.8	83.3	94.4	100.0	100.0	100.0	100.0
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	--	--	--	--	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	56.4	89.7	100.0	100.0	94.9	100.0	100.0
ICF SERVICES FOR THE MENTALLY RETARDED	97.7	99.8	100.0	100.0	100.0	100.0	100.0
ICF SERVICES -- ALL OTHER	95.3	99.5	99.9	100.0	100.0	100.0	100.0
SNF SERVICES	90.8	98.2	99.4	99.8	100.0	100.0	100.0
PHYSICIAN SERVICES	58.6	88.4	98.0	99.7	92.0	99.4	99.9
DENTAL SERVICES	0.0	63.1	92.0	99.8	95.3	96.4	97.7
OTHER PRACTITIONER SERVICES	75.7	94.7	99.1	100.0	96.5	99.8	99.9
OUTPATIENT HOSPITAL SERVICES	60.4	91.2	98.9	99.8	97.8	100.0	100.0
CLINIC SERVICES	17.9	88.9	99.9	100.0	90.7	92.1	100.0
HOME HEALTH SERVICES	37.2	87.2	99.0	100.0	56.4	100.0	100.0
FAMILY PLANNING SERVICES	75.1	98.1	99.4	99.8	97.8	99.7	100.0
LAB AND X-RAY SERVICES	48.0	88.8	98.1	100.0	93.3	99.2	100.0
PRESCRIBED DRUGS	83.0	98.8	99.8	100.0	99.7	100.0	100.0
EARLY AND PERIODIC SCREENING	72.5	94.0	99.0	99.9	85.8	100.0	100.0
RURAL HEALTH CLINIC SERVICES	13.2	65.3	99.2	100.0	93.4	100.0	100.0
STERILIZATION SERVICES	61.8	97.6	99.4	99.4	61.8	91.2	94.7
OTHER CARE	64.8	87.6	97.7	99.9	93.5	99.9	100.0
PART A CROSSOVER CLAIMS	9.2	80.1	97.6	99.9	90.9	99.9	99.9
PART B CROSSOVER CLAIMS	4.4	64.6	94.0	99.3	86.7	95.7	100.0

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
VERMONT

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				FROM DATE RECEIVED ----- TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	65.5	90.3	96.0	99.7	92.4	98.2	99.4
INPATIENT HOSPITAL SERVICES	58.7	79.9	91.1	98.9	88.4	98.6	99.9
MENTAL HOSPITAL SERVICES FOR THE AGED	0.0	64.8	100.0	100.0	100.0	100.0	100.0
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	--	--	--	--	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	27.9	41.0	59.0	100.0	93.4	96.7	98.4
ICF SERVICES FOR THE MENTALLY RETARDED	85.1	95.3	100.0	100.0	99.1	99.9	99.9
ICF SERVICES -- ALL OTHER	90.0	96.6	99.2	100.0	90.7	96.4	97.9
SNF SERVICES	77.8	88.9	91.7	100.0	69.4	79.2	83.3
PHYSICIAN SERVICES	46.8	87.0	94.3	99.5	89.0	97.4	99.4
DENTAL SERVICES	58.2	85.3	94.8	99.6	90.6	97.9	99.5
OTHER PRACTITIONER SERVICES	65.6	91.4	96.8	100.0	83.9	95.4	98.3
OUTPATIENT HOSPITAL SERVICES	68.0	85.6	93.7	99.7	98.9	99.7	99.8
CLINIC SERVICES	0.0	0.0	0.0	100.0	0.0	100.0	100.0
HOME HEALTH SERVICES	73.0	91.9	96.0	99.5	97.8	99.6	99.6
FAMILY PLANNING SERVICES	72.5	94.0	97.2	100.0	94.7	99.7	99.9
LAB AND X-RAY SERVICES	57.5	85.4	93.2	99.4	88.2	97.4	99.1
PRESCRIBED DRUGS	87.4	97.5	99.2	100.0	99.3	100.0	100.0
EARLY AND PERIODIC SCREENING	65.3	87.7	93.7	99.0	90.7	98.7	99.3
RURAL HEALTH CLINIC SERVICES	70.4	94.3	100.0	100.0	94.3	100.0	100.0
STERILIZATION SERVICES	38.5	71.2	88.5	96.2	21.2	63.5	80.8
OTHER CARE	55.3	84.4	95.4	99.4	81.4	93.8	97.3
PART A CROSSOVER CLAIMS	58.9	84.0	93.6	99.6	90.1	98.3	98.8
PART B CROSSOVER CLAIMS	62.2	88.4	95.0	99.7	83.0	95.8	97.9

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
VIRGIN ISLANDS

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				FROM DATE RECEIVED ----- TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	31.6	90.9	94.9	99.9	96.7	99.9	100.0
INPATIENT HOSPITAL SERVICES	1.8	27.4	65.5	98.2	100.0	100.0	100.0
MENTAL HOSPITAL SERVICES FOR THE AGED	--	--	--	--	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	--	--	--	--	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	--	--	--	--	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	--	--	--	--	--	--	--
ICF SERVICES -- ALL OTHER	--	--	--	--	--	--	--
SNF SERVICES	--	--	--	--	--	--	--
PHYSICIAN SERVICES	81.0	100.0	100.0	100.0	100.0	100.0	100.0
DENTAL SERVICES	40.0	100.0	100.0	100.0	100.0	100.0	100.0
OTHER PRACTITIONER SERVICES	--	--	--	--	--	--	--
OUTPATIENT HOSPITAL SERVICES	4.4	91.9	94.4	100.0	100.0	100.0	100.0
CLINIC SERVICES	--	--	--	--	--	--	--
HOME HEALTH SERVICES	--	--	--	--	--	--	--
FAMILY PLANNING SERVICES	--	--	--	--	--	--	--
LAB AND X-RAY SERVICES	100.0	100.0	100.0	100.0	100.0	100.0	100.0
PRESCRIBED DRUGS	50.4	98.1	99.1	100.0	99.9	99.9	100.0
EARLY AND PERIODIC SCREENING	60.0	100.0	100.0	100.0	100.0	100.0	100.0
RURAL HEALTH CLINIC SERVICES	--	--	--	--	--	--	--
STERILIZATION SERVICES	--	--	--	--	--	--	--
OTHER CARE	96.1	96.1	96.1	100.0	29.9	100.0	100.0
PART A CROSSOVER CLAIMS	--	--	--	--	--	--	--
PART B CROSSOVER CLAIMS	--	--	--	--		--	--

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
VIRGINIA

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				FROM DATE RECEIVED ----- TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	75.7	93.6	97.9	99.7	99.2	99.8	99.9
INPATIENT HOSPITAL SERVICES	56.8	81.3	91.4	98.1	99.2	99.7	99.8
MENTAL HOSPITAL SERVICES FOR THE AGED	0.0	50.0	50.0	100.0	100.0	100.0	100.0
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	85.7	96.2	97.6	100.0	98.6	100.0	100.0
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	--	--	--	--	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	83.5	98.4	99.6	100.0	100.0	100.0	100.0
ICF SERVICES -- ALL OTHER	92.9	98.5	99.5	100.0	100.0	100.0	100.0
SNF SERVICES	63.9	89.4	95.3	98.9	98.2	99.3	99.5
PHYSICIAN SERVICES	71.7	91.3	96.7	99.9	98.9	99.8	99.9
DENTAL SERVICES	84.8	96.8	98.8	100.0	100.0	100.0	100.0
OTHER PRACTITIONER SERVICES	72.8	95.1	97.6	100.0	89.2	99.9	99.9
OUTPATIENT HOSPITAL SERVICES	55.3	83.8	95.4	99.8	99.9	100.0	100.0
CLINIC SERVICES	39.3	87.2	95.3	100.0	99.6	99.9	100.0
HOME HEALTH SERVICES	10.0	60.3	98.5	100.0	99.6	99.9	99.9
FAMILY PLANNING SERVICES	81.0	97.7	99.5	99.9	99.9	100.0	100.0
LAB AND X-RAY SERVICES	58.6	83.2	97.7	99.8	98.8	99.9	100.0
PRESCRIBED DRUGS	87.1	97.7	99.4	99.8	99.9	100.0	100.0
EARLY AND PERIODIC SCREENING	74.7	95.1	98.6	100.0	100.0	100.0	100.0
RURAL HEALTH CLINIC SERVICES	61.8	82.4	94.1	100.0	100.0	100.0	100.0
STERILIZATION SERVICES	58.9	82.2	92.4	99.5	48.2	93.6	97.6
OTHER CARE	74.8	95.4	98.9	99.9	96.2	99.9	100.0
PART A CROSSOVER CLAIMS	19.2	65.8	87.8	97.7	92.1	96.8	98.7
PART B CROSSOVER CLAIMS	39.2	83.3	93.5	97.8	97.9	99.0	99.6

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
WASHINGTON

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				FROM DATE RECEIVED ----- TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	70.8	94.5	98.3	99.4	89.7	99.1	99.8
INPATIENT HOSPITAL SERVICES	63.6	90.5	96.4	99.1	83.2	95.5	98.5
MENTAL HOSPITAL SERVICES FOR THE AGED	--	--	--	--	--	--	--
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	--	--	--	--	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	--	--	--	--	--	--	--
ICF SERVICES FOR THE MENTALLY RETARDED	94.7	98.9	100.0	100.0	98.7	100.0	100.0
ICF SERVICES -- ALL OTHER	95.0	99.3	99.9	99.9	99.8	100.0	100.0
SNF SERVICES	93.0	98.6	99.7	99.9	99.6	100.0	100.0
PHYSICIAN SERVICES	68.4	93.9	98.5	99.6	74.3	98.5	99.7
DENTAL SERVICES	84.2	97.4	99.7	100.0	87.8	94.5	98.2
OTHER PRACTITIONER SERVICES	73.6	93.2	98.0	99.7	94.4	99.0	99.7
OUTPATIENT HOSPITAL SERVICES	71.4	93.7	97.9	99.5	95.7	99.7	99.9
CLINIC SERVICES	37.3	94.7	100.0	100.0	57.1	98.7	99.1
HOME HEALTH SERVICES	81.6	99.1	99.8	99.9	96.2	99.9	100.0
FAMILY PLANNING SERVICES	67.9	95.1	99.1	99.8	91.4	99.8	99.9
LAB AND X-RAY SERVICES	59.6	93.0	98.1	99.6	73.3	99.1	99.9
PRESCRIBED DRUGS	81.2	97.7	99.5	99.9	98.1	100.0	100.0
EARLY AND PERIODIC SCREENING	65.4	94.6	98.9	99.9	97.0	99.1	100.0
RURAL HEALTH CLINIC SERVICES	79.9	99.0	100.0	100.0	90.3	100.0	100.0
STERILIZATION SERVICES	59.4	87.5	95.2	99.5	52.6	96.1	99.2
OTHER CARE	54.7	92.6	96.6	98.8	86.1	99.6	99.9
PART A CROSSOVER CLAIMS	32.0	85.3	93.3	98.3	86.6	96.2	100.0
PART B CROSSOVER CLAIMS	30.5	81.4	92.1	95.9	95.1	99.9	100.0

TABLE 2: PERCENT OF MEDICAID CLAIMS REQUIRING SPECIFIC NUMBER OF DAYS FROM DATE OF SERVICE TO DATE RECEIVED AND FROM DATE RECEIVED TO DATE ADJUDICATED BY TYPE OF SERVICE FOR MAY 1981
WISCONSIN

TYPE OF SERVICE	-- FROM DATE OF SERVICE TO DATE RECEIVED --				FROM DATE RECEIVED ----- TO DATE ADJUDICATED -----		
	30 DAYS OR LESS	90 DAYS OR LESS	180 DAYS OR LESS	365 DAYS OR LESS	30 DAYS OR LESS	60 DAYS OR LESS	90 DAYS OR LESS
TOTAL	63.7	89.3	95.9	99.4	95.7	99.4	99.8
INPATIENT HOSPITAL SERVICES	69.2	86.5	94.5	99.1	99.2	99.9	100.0
MENTAL HOSPITAL SERVICES FOR THE AGED	16.7	37.5	75.0	100.0	100.0	100.0	100.0
SNF/ICF MENTAL HEALTH SERVICES FOR THE AGED	--	--	--	--	--	--	--
INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS AGE 21 AND UNDER	36.0	58.6	80.5	99.6	99.0	99.6	99.6
ICF SERVICES FOR THE MENTALLY RETARDED	95.8	97.7	98.7	100.0	99.8	99.9	99.9
ICF SERVICES -- ALL OTHER	91.7	97.7	99.4	100.0	99.8	100.0	100.0
SNF SERVICES	93.3	98.2	99.4	99.9	99.9	100.0	100.0
PHYSICIAN SERVICES	56.8	86.0	94.9	99.8	95.9	98.8	99.5
DENTAL SERVICES	84.0	95.3	98.4	99.9	96.8	99.5	99.9
OTHER PRACTITIONER SERVICES	63.4	88.5	95.9	99.1	87.9	98.4	99.7
OUTPATIENT HOSPITAL SERVICES	50.1	81.8	93.1	99.7	99.2	99.9	100.0
CLINIC SERVICES	50.7	80.0	90.6	97.7	94.7	98.5	99.2
HOME HEALTH SERVICES	72.5	90.8	96.4	99.7	94.5	98.8	100.0
FAMILY PLANNING SERVICES	62.7	90.6	96.2	99.6	96.7	99.5	99.9
LAB AND X-RAY SERVICES	66.0	89.4	95.8	99.8	91.6	99.6	100.0
PRESCRIBED DRUGS	72.6	96.2	98.7	99.9	99.2	99.9	100.0
EARLY AND PERIODIC SCREENING	66.9	94.4	96.6	100.0	99.7	99.8	99.9
RURAL HEALTH CLINIC SERVICES	86.5	96.2	97.1	100.0	100.0	100.0	100.0
STERILIZATION SERVICES	--	--	--	--	--	--	--
OTHER CARE	71.6	91.2	96.8	99.9	86.8	98.1	99.4
PART A CROSSOVER CLAIMS	35.5	74.3	90.4	98.3	98.3	100.0	100.0
PART B CROSSOVER CLAIMS	15.1	66.6	87.5	97.6	86.4	99.8	99.9

** Accurate data unavailable or incomplete.

APPENDIX

CLAIM DEFINITIONS

A claim is defined as a line item with an associated charge to be adjudicated, except for inpatient hospital services for which a claim is defined as a single hospital billing issued for a portion of, or all of, the inpatient hospital stay. Where a single hospital billing is comprised of more than one document, the billing is counted as a single claim. The following are examples illustrating how this definition applies to different types of claims.

Hospital Outpatient Claims - In most States, hospital outpatient claims are processed much like inpatient claims. That is, claims are essentially paid on the basis of the total presented charge, and a year-end cost report and settlement process is used to reconcile the charges to cost. In such States, the individual paper claim, which may consist of more than one document, is treated as a single claim. In other States, hospital outpatient claims are paid on a fee-for-all service basis, and each line item on the outpatient bill has an associated charge which must be separately adjudicated. In such States each line item is counted as a single claim.

SNF Claims - In some States, ledger-type billing forms are used for SNFs in which several patient names may appear on a single billing instrument. In such cases each patient entry is to be counted as a single claim.

Hospital Inpatient Claim - A single hospital billing issued for a portion of, or all of, the inpatient hospital stay. Where a single hospital billing is comprised of more than one document, the billing is counted as a single claim.

TYPES OF SERVICE DEFINITIONS

Inpatient Hospital Services (Line 2) - All items and services which are furnished by a licensed or formally approved hospital (excluding mental hospitals), provided under the direction of physicians and/or dentists for the care of hospital inpatients, and which are billed by the hospital.

Mental Hospital Services for the Aged (Line 3) - Those inpatient hospital services provided to persons age 65 and over in a mental hospital. A mental hospital is a hospital that is primarily engaged in providing psychiatric services for the diagnosis and treatment of mentally ill persons.

SNF/ICF Services for the Aged (Line 4) - Skilled nursing and intermediate care services provided to individuals age 65 and over in a designated institution for mental disease.

Inpatient Psychiatric Facility Services for Individuals Age 21 and Under (Line 5) - Those items and services provided under the direction of a physician to persons age 21 and under in an institution accredited as a psychiatric facility by the Joint Commission on Accreditation of Hospitals.

ICF Services for Mentally Retarded (Line 6) - ICF services for mentally retarded persons under active treatment in certified institutions for the mentally retarded or for persons with related conditions.

ICF Services—All Other (Line 7) - Services provided to individuals in an intermediate care facility other than for the mentally retarded or an institution for mental disease.

Skilled Nursing Facility (SNF) Services (Line 8) - Skilled nursing facility or rehabilitative services provided under a physician's orders on an inpatient basis and billed for by a certified facility that meets standards for skilled care established under the Title XIX program.

Physicians' Services (Line 9) - All services provided and billed for by an individual licensed under State law to practice medicine or osteopathy. Exclude all such services that are provided as a part of inpatient or outpatient hospital services or of clinic or laboratory services and billed for by the hospital, clinic or laboratory.

Dental Services (Line 10) - Any diagnostic, preventive or corrective procedures administered by, or under the supervision of a dentist. The term "dentist" means a person licensed to practice dentistry or dental care provided as a part of inpatient or outpatient hospital service.

Other Practitioner Services (Line 11) - Those services provided by practitioners, other than physicians and dentists, whose services are specified in the State plan. Examples of other practitioners are chiropractors, professional nurses, podiatrists, psychologists, optometrists, and Christian Science practitioners, when recognized under State law. Services of professional nurses include private duty nursing services as defined in 42 CFR 440.80 when recognized in the State plan. If the services of other practitioners are billed for by a hospital they are to be considered as inpatient or outpatient hospital services, as applicable. If eyeglasses or hearing aids are billed for by the professional practitioner, they should be included under "Other Practitioner Services"; otherwise, they should be billed under "Other Care".

Outpatient Hospital Services (Line 12) - All preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services furnished to outpatients by a hospital and by, or under the direction of, physicians or dentists.

Clinic Services (Line 13) - All preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services furnished to outpatients by, or under the direction of, physicians or dentists in a facility which is not part of a hospital, but which is organized and operated to provide such services to outpatients. A clinic staff may include practitioners with different specialities. A group of physicians who share space, services of supporting staff, etc., only for mutual convenience should be considered physicians for reporting purposes rather than a clinic, even though they practice under the name of a clinic.

Home Health Services (Line 14) - Refers to the following items and services furnished to a patient in his home (excluding a hospital or nursing home) on recommendation of a physician: intermittent or part-time nursing services provided by a home health agency, or by a registered professional nurse, or licensed practical nurse where no home health agency is available to provide such services; medical supplies, equipment, and supplies suitable for use in the home (where billed by a home health agency); and services of a home health aide.

Family Planning Services (Line 15) - Any medically approved services, other than sterilization, including diagnosis, treatment, drugs, supplies, devices, and related counseling which are furnished or prescribed by or under the supervision of a physician for individuals of child-bearing age for purposes of enabling such individuals to freely determine the number and spacing of their children.

Laboratory and Radiological Services (Line 16) - Professional laboratory and radiological services that are ordered by a physician or other licensed practitioner, and that are provided to a patient in an office or similar facility (other than a hospital outpatient department or clinic), or by a qualified laboratory, or physician who provides only such services.

Prescribed Drugs (Line 17) - Any simple or compound substance or mixture of substances prescribed by a physician, dentist, or other licensed practitioner for the cure, mitigation, or prevention of disease, or for health maintenance. For reporting purposes, prescribed drugs will be those dispensed by licensed pharmacists. Durable medical goods billed by a pharmacy should also be included in this category.

Early and Periodic Screening (Line 18) - Physical and mental health assessments given to Medicaid-eligible individuals under age 21 to carry out the screening provisions of the EPSDT program. These assessments may be done on a group basis in a clinic or by individual practitioners in their offices.

Rural Health Clinic Services (Line 19) - Those services which are furnished in a clinic designated by the Secretary to be in a rural, medically under-served area. Services provided by a physician assistant or nurse practitioner working in a rural clinic will be covered if: (1) they are otherwise covered when provided by a physician, and (2) the physician assistant or nurse practitioner is legally authorized under State law to perform the services. Services and supplies which are presently covered when provided as incident to a physician's services will also be covered.

Sterilization Services (Line 20) - Any medical procedure or operation performed with the primary purpose of rendering an individual permanently incapable of reproduction.

Other Care (Line 21) - Any type of medical care or service not classifiable under one of the items defined above and listed in 42 CFR 440.

Part A Crossover Claims (Line 22) - Claims for which all but deductible and coinsurance amounts have already been paid under Part A of Title XVIII.

Part B Crossover Claims (Line 23) - Claims for which all but deductible and coinsurance amounts have already been paid under Part B of Title XVIII.

EXPLANATION OF TABLE HEADINGS

TABLE 1

Number of Claims - Number of claims processed to completion by the State, fiscal agent, or health insurance plan during the report period. Includes only claims which result in payments or in offsets to a provider's balance due to the State.

Percent Distribution - The percentage that the number of claims for each type of service is of the total number of adjudicated claims.

Average Days From Date of Service to Date of Receipt - The mean number of elapsed days from last date of service to date of receipt at the State or fiscal agent facility.

Average Days From Date of Receipt to Date Adjudicated - The mean number of elapsed days from date of receipt to date of final adjudication.

Average Days from Date of Service to Date Adjudicated - The mean number of elapsed days from date of last service to date of final adjudication.

NOTE: Date of Receipt - The date the claim is received in the claims processing center. For crossover claims "date of receipt" is the date of arrival at the Medicaid claims processing function.

Date of Adjudication - The date on which the claim is fully adjudicated and available for payment (although issuance of a warrant may not occur for several days in most States).

TABLE 2

From Date of Service to Date Received - 30 (90, 180, and 365) Days or Less -The percent of claims which were adjudicated during the reporting month for which 30 days or less (column 1), 90 days or less (column 2), 180 days or less (column 3), or 365 days or less (column 4) elapsed from the last date of service to date of receipt by the State or fiscal agent.

From Date Received to Date Adjudicated - 30 (60, and 90) Days or Less - The percent of claims which were adjudicated during the reporting month for which 30 days or less (column 5), 60 days or less (column 6), or 90 days or less (column 7) elapsed from date of receipt to date of adjudication.

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